## P11000011785

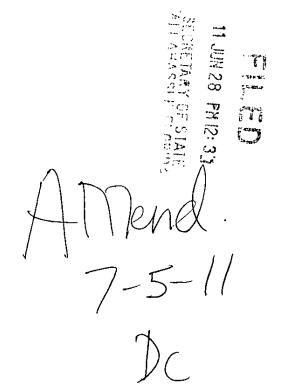
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## **COVER LETTER**

TO: Amendment Section

Tallahassee, FL 32314

**Division of Corporations** DISTRIBUTION NAME OF CORPORATION: 10000 11785 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person Hovance Financial Paterca1040 TAX EGMAIL. COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 234 1106

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassec, FL 32301

## Articles of Amendment to Articles of Incorporation of

<u>(RCS Dis</u>	TEIBUTION, INC.
(Name of Corporation as c	urrently filed with the Florida Dept. of State)
(O <sub>1</sub> )	0000 11785
(Document	Number of Corporation (if known)
rsuant to the provisions of section 607. nendment(s) to its Articles of Incorporation	1006. Florida Statutes, this <i>Florida Profit Corporation</i> adopts the followon:
If amending name, enter the new nam	e of the corporation:
	The new
breviation "Corp.," "Inc.," or Co.," or	in the word "corporation," "company," or "incorporated" or the the designation "Corp," "Inc," or "Co". A professional corporation professional association," or the abbreviation "P.A."
Enter new principal office address, if	applicable:
rincipal office address <u>MUST BE A STK</u>	REET ADDRESS )
	<del> </del>
Enter new mailing address, if applica (Mailing address MAY BE A POST OF	
If amending the registered agent and/	or registered office address in Florida, enter the name of the
new registered agent and/or the new t	
Name of New Registered Agent:	Angelica Vivian Jorquera 1404 Belmont Place
	1404 Belmont Place
New Registered Office Address:	(Florida street address)
	BOYNTON BCh , Florida 33436
	(City) (Zip Code)
w Registered Agent's Signature, if cha	nging Registered Agent:
	ed agent Alam familiar with and accept the obligations of the position.
	Harayer O
-	Signature of New Registered Agent, if changing

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

**Title** Address **Type of Action** Name MISION JOIQUETA 1404 Belmonth ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(	s) adoption: <u>03-22-30 II</u>
Effective date <u>if applicable</u> :	(date of adoption is required)
-	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/wer	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes c	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
(	voung group)
The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated	3/20/11
Signature	Maguere
selec	director, president or other offices – if directors or officers have not been tell, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Angelica Vivian Jorguera (Typed or printed name of person signing)
	(Title of person signing)