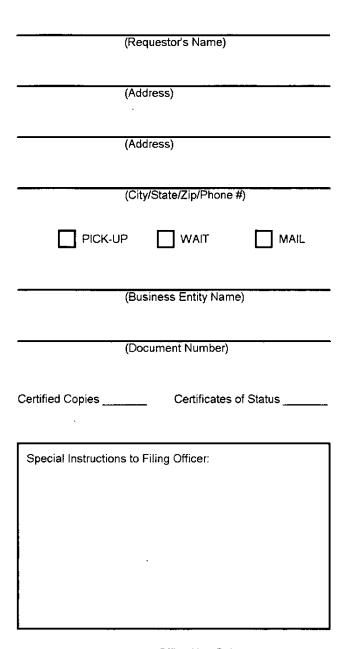
# P11000029665



Office Use Only



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## **COVER LETTER**

| Division of Corp        | porations                                   |   |  |    |                |      |
|-------------------------|---|---|--|----|----------------|------|
| NAME OF CORPO           | RATION: CREST 1411-725,                     | CORP.   |  |    |                |      |
|                         | BER: P110000296665                          |   |  |    |                |      |
| The enclosed Articles   | of Amendment and fee are su                 | bmitted for filing.   |  |    |                |      |
| Please return all corre | spondence concerning this ma                | tter to the following:  |  |    |                |      |
|                         | RACHEL MOREAU-DAVI                          | LA  |  |    |                |      |
|                         |   | Name of Contact Person  | n  | _  |                |      |
|                         | LAW OFFICE OF JUDITH DAVILA-NELSON          |   |  |    |                |      |
|                         | Firm/ Company                               |   |  | _  |                |      |
|                         | 5710 WEST IH-10                             |   |  |    |                |      |
|                         |   | Address   |  | _  |                |      |
|                         | SAN ANTONIO, TEXAS 78201                    |   |  |    |                |      |
|                         |   | City/ State and Zip Cod   | e  | -  |                |      |
| rache                   | el@davila-nelson.com                        |   |  |    |                |      |
| <del></del>             | E-mail address: (to be us                   | sed for future annual report                                      | notification)  |    |                |      |
|                         |   |   |  |    |                |      |
| For further information | on concerning this matter, pleas            | se call:  |  |    | ōi.            |      |
| RACHEL MOREAU           | J-DAVILA                                    | at ( 210  | 299-1300   |    | Ç. <u></u><br> | •    |
| Name                    | of Contact Person                           |   | de & Daytime Telephone Numbe   | er | 1 .79          | <br> |
| Enclosed is a check for | or the following amount made                | payable to the Florida Depa                                       | artment of State:  |    | ***            | r    |
| S35 Filing Fee          | □\$43.75 Filing Fee & Certificate of Status | \$43.75 Fixing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |    | Ϋ́<br>(1)      |      |

## **Mailing Address**

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

# Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### Articles of Amendment to Articles of Incorporation of

| CREST 1411-725, CORP.   |                                 |
|---|---------------------------------|
| (Name of Corporation as currently filed with the Florida Dept. of State)  |                                 |
| P11000029665  |                                 |
| (Document Number of Corporation (if known)  |                                 |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the followits Articles of Incorporation:  | wing amendment(s) to            |
| A. If amending name, enter the new name of the corporation:   |                                 |
| N/A   | The new                         |
| name must be distinguishable and contain the word "corporation." "company," or "incorporated" or the "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name moword "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | abbreviation<br>ast contain the |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   |                                 |
| D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent   |                                 |
|   |                                 |
| (Florida street address)  | <del></del>                     |
| New Registered Office Address:, Florida   |                                 |
|   | (ip Code)                       |
| New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position  Signature of New Registered Agent, if changing   | n.                              |

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X Change          | <u>PT</u>    | John Doe              |                          |
|----------------------------|--------------|-----------------------|--------------------------|
| X Remove                   | <u>V</u>     | Mike Jones            |                          |
| X Add                      | <u>sv</u>    | Sally Smith           |                          |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u>           | <u>Addres</u> s          |
| 1) Change                  | P            | RAFAEL OLVERA AMEZUCA | 20900 NE 3OTH            |
| Add                        |              |                       | SUITE 307                |
| X Remove                   |              |                       | AVENTURA, FL 33180       |
| 2) Change                  | VP           | AVENSYS AGENCY LTD    | 20900 NE 30TH            |
| Add                        |              |                       | SUITE 307                |
| X Remove                   |              |                       | AVENTURA, FL 33180       |
| 3) X Change                | PTD          | RAFAEL OLVERA SILVA   | 3519 PAESANOS PKWY       |
| Add                        |              |                       | SUITE 100                |
| Remove                     |              |                       | SAN ANTONIO, TEXAS 78231 |
| 4) Change                  |              |                       |                          |
| Add                        |              |                       |                          |
| Remove                     |              |                       |                          |
| 5) Change                  |              |                       | <del> </del>             |
| Add                        |              |                       | <del></del>              |
| Remove                     |              |                       |                          |
| 6) Change                  |              |                       |                          |
| Add                        |              |                       |                          |
| Remove                     |              |                       |                          |

| E. If amending or adding additional Article                                       | es, enter change(s) here:   |
|---|---|
| (Attach additional sheets, if necessary).   |   |
| N/A   |   |
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| F. If an amendment provides for an exchange provisions for implementing the amend | nge, reclassification, or cancellation of issued shares,<br>Iment if not contained in the amendment itself: |
| (if not applicable, indicate N/A)   | Mich T not contained in the amendment risers  |
| M/A   |   |
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| date this document was signe  |  | , if other than the                   |  |  |
|-------------------------------|--|---------------------------------------|--|--|
| Effective date if applicable: |  |                                       |  |  |
|                               | (no more than 90 days after amendment file date)   |                                       |  |  |
|                               | this block does not meet the applicable statutory filing requirements the Department of State's records.   | , this date will not be listed as the |  |  |
| Adoption of Amendment(s)      | edment(s) ( <u>CHECK ONE</u> )   |                                       |  |  |
|                               | ere adopted by the shareholders. The number of votes cast for the amer were sufficient for approval.   | ndment(s)                             |  |  |
|                               | ere approved by the shareholders through voting groups. The following ded for each voting group entitled to vote separately on the amendment   |                                       |  |  |
|                               | es cast for the amendment(s) was/were sufficient for approval  |                                       |  |  |
| by                            | (voting group)   |                                       |  |  |
| action was not required.      | ere adopted by the board of directors without shareholder action and shareholder action |                                       |  |  |
|                               | : 15, 2015   |                                       |  |  |
| (                             | By a director, president or other officer – if the three or officers have n selected, by an incorporator – if in the happe of a receiver, trustee, or ot appointed fiduciary by that fiduciary)  |                                       |  |  |
|                               | Rafael Olvera Silva  | 7-74. <b>T</b> i                      |  |  |
|                               | (Typed or printed name of person signing)  | Con 1                                 |  |  |
|                               | Director   |                                       |  |  |
|                               | (Title of person signing)  | 2                                     |  |  |