P1100003003/

(Requ	uestor's Name)	
(Addr	ress)	
(Addr	ess)	
(City/	State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nam	e)
(Doct	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	iling Officer:	
(Doci	ument Number) Certificates	

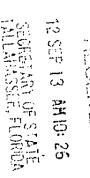
Office Use Only



200238965312

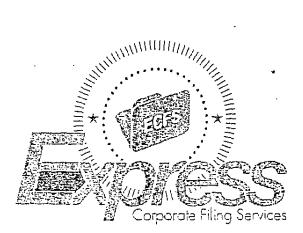
09/13/12--01006--009 **70.00

Amend





SEP 13 2012 T. ROBERTS



1000 Ponce de Leon Blvd. Suite: 101 Coral Gables, FL 33134

Phone: 305 444 4994

Email-filing@ecfsfiling.com

OFFICE USE ONLY	

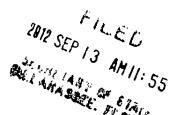
Examiner's Initials

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1.	R &M APPITAN	LE REPATE SERVICED INC.
2.	(Corporation Name)	(Document ≠)
<u> </u>	(Corporation Name)	(Dacument ≠)
	(Corporation Name)	(Document #)
4 .	(Corporation Name)	(Document ‡)
	Walk in Pick up tin	ne Certified Copy
	Mail out Will wait	Photocopy Certificate of Status
	NEW FILINGS	AMENDMENTS.
Ţ	Profit.	Amendment
i	NonProfit	Resignation of R.A., Officer/ Director
	Limited Liability	Change of Registered Agent
	Domestication	Dissolution/Withdrawal
-	Other	Merger
\[\sigma_2 \]	OTHER FILNGS	REGISTRATION/
	Amual Report	QUALIFICATION
	Fictitious Name	Fareign
	Name Reservation	Limited Partnership
_		Reinstatement
	!	Trademark

Other

Articles of Amendment Articles of Incorporation



	HEPAIR SERVICE			1 1918
(Name of Corporation as currently		(State)		E. The Contract of the Contrac
P1	1000030031			
(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Flor ts Articles of Incorporation:	rida Statutes, this Florida Profit	Corporation ado	pts the following	amendment(s)
. If amending name, enter the new name of the	corporation;			
				The new
ame must be distinguishable and contain the w Corp" "Inc.," or Co.," or the designation "Co ord "chartered," "profassional association," or t	orp," "Inc," or "Co" A profes he abbreviation "P A "			
 Enter new principal office address, if applical Principal office address MUST BE A STREET A 				
. ,,				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)			
v				
. If amending the registered agent and/or regis		enter the name	of the	
	ed office address:			
new registered agent and/or the new register	ed office address:			
	ed office address:			
new registered agent and/or the new register				
new registered agent and/or the new register	ed office address: (Florida sırzet address)			
new registered agent and/or the new register		, Florida	(Zip Code)	

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)

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

P = President: V - Vice President: T = Treasurer; S - Secretory: D = Director: TR - Trustee; C = Chalman 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 tisted 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	
_ <u>X</u>	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
l)Change	VP	D'ARMAS CARLOS	1055 SW 65 AVE
Add			MIAMI, FL. 33144
X Romove			
2) Change			
Add			
Remove			
3) Change			-
Add			<u> </u>
Remove			
4) Change			
Add	-		
Remove			
5) Change			
Add Remove			
IXCHIOVE			
(i) Change			
Add			
Remove			

<u>If amending or adding additio</u> Attach <i>additional sheets, if nece</i>	ssary). (Be	specific)	<u> </u>		
	· · · · · · · · · · · · · · · · · · ·				

<u> </u>					
		•			
					
f an amendment provides for	nn exchange.	reclassificati	on, or cancella	tion of issued s	shares,
provisions for implementing to (if not applicable, indicate	ine amenainei NA)	it ii not conta	inga in the am	iendment itself	<u>:</u>
		***			·
					
				 	
	<u>-</u>				

The date of each amendment(s) s	adaption) 09/12/2012
Effective date if applicable:	3/12/2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad by the shareholders was/were a	inpled by the shareholders. The number of votes east for the nuneadment(s) ufficient for approval.
The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statement reach voting group entitled to vale separately on the amendment(s):
"The number of votes cas	t for the amendment(s) wastwere sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder
Dated 09/12/	/201 2
Signature	1
select	director, president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	RUBEN REYES
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)