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## **COVER LETTER**

Division of Corp	orations		• •
NAME OF CORPO	RATION: ATTAIS	Pedraza, Inc.	
	BER: P11 0000 4		
The enclosed Articles	s of Amendment and fee ar	re submitted for filing.	
Please return all corre	espondence concerning this	s matter to the following:	
		Pedraza	
	Na	ame of Contact Person	
	Atexis Per	traza, Inc.	
<del></del>		Firm/ Company	
	13U35 NW	Sct.	
	( .1:	Address  N1, F1 33108  ty/ State and Zip Code	
		23gone & yanco	.(DM)
	E-mail address: (to be used	for future annual report notification)	
For further information	on concerning this matter,	please call:	
ATOHIS PCO	draza	at ( 180 ) 159 Area Code & Daytime Te	-5251
Name of	Contact Person	Area Code & Daytime Te	lephone Number
Enclosed is a check for	or the following amount m	ade payable to the Florida Depar	tment of State:
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Add Amendment S Division of Co P.O. Box 632 Tallahassee, F	section orporations 7	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ	le

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

AHYLIS PEDVAZOI. Inc

2011 AUG 22 PM 5: 00

(Name of Corporation as currently filed with the Florida Dept. of State CRETARY OF STATE TALL AHASSEE, FLORID TALL

D. <u>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:</u>

Name of New Registered Agent:	MIA	
	MA	
New Registered Office Address:	(Florida street d	address)
_		, Florida
_	(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

(Mailing address MAY BE A POST OFFICE BOX)

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

north MIaMI, Fl 33168

## 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>vP</u> _	Elisama Pedraza	13636 NW 5Ct.	Add Remove
			_ □ Add □ Remove
-	lditional sheets, if necessary). (Be spec		
provisio	nendment provides for an exchange, re ons for implementing the amendment if ot applicable, indicate N/A)		

The date of each amendment	t(s) adoption: 7.29.11
Effective date if applicable:	7.29.11 (date of adoption is required)
Effective date it applicable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
by	
	(voting group)
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated	29.11
Signature	alle
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	Mexis Pedraza
	(Typed or printed name of person signing)
	President
	(Title of person signing)