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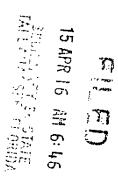
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,	COVER LETTER				15	
TO: Amendment Sect. Division of Corpo			•		1PR 16	i Ti
NAME OF CORPORATION: JLV DESIGNS CORP			71, . 71, .	P	1	
DOCUMENT NUMI	BER: P11000063798	3			94:9 HA	*Facery
The enclosed Articles	of Amendment and fee are sub	omitted for filing.		7.5	01	
Please return all corres	spondence concerning this matt	ter to the following:				
	JOSE LUIS VILLE	EGAS				
	III / DECICNE CO	Name of Contact Person	ı			
	JLV DESIGNS CO					
	18501 NW 84 CT	Firm/ Company				
		Address		-		
	HIALEAH, FL 330	15				
		City/ State and Zip Code	2			
cas	sabonitamiami@gr					
	E-mail address: (to be use	ed for future annual report	notification)			
For further information	n concerning this matter, please	e call:				
JOSE LUIS V	VILLEGAS	_{at (} 786	, 2860936			
Name of Contact Person Area Code & Daytime		de & Daytime Telephone Num	ber	-		
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	artment 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)			
Am Div P.O	Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301					

Articles of Amendment Articles of Incorporation of

JLV DESIGNS CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P11000063798

(Document Number	of Corporation (if kno	own)	
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this <i>Flor</i>	ida Profit Corporation add	opts the following amendmen
A. If amending name, enter the new name of the	corporation:		
CASA BONITA MIAMI, INC			m)
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or t	orp," "Inc," or "Co"	. A professional corporal	The new rated" or the abbreviation tion name must contain the
B. Enter new principal office address, if applica	ble:		
(Principal office address <u>MUST BE A STREET A</u>	DDRESS)		
			
0.00	_		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	ROY)		
(Manual Last Manual Last Manua	<u></u>		
		- .	
	_		
D. If amending the registered agent and/or registered agent and/or the new registered.		in Florida, enter the nam	e of the
new registered agent amount the new register	cu office address.		
Name of New Registered Agent			
	(Florida street a	(ddress)	
New Registered Office Address:		, Florida	
nen registered office radicess.	(City)	, i londa	(Zip Code)
New Registered Agent's Signature, if changing F	Registered Agent:		
l hereby accept the appointment as registered agen	nt. I am familiar with	and accept the obligations	of the position.

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 = 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.

<u>X</u> Change	<u>PT</u>	John Doe	
X Remove	¥	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		.	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)	
	<u> </u>	
fon one administration of the first of the state of the s	han i ee e	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		

The date of each amendment(s) adoption:	_, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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"	
by" (voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
(By a director, president of other officer – if directors or officers have not been selected by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
JOSE JUIS VILLEGAS	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	