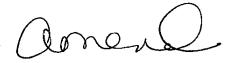
## P110000084263

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: SAFETY REASONS CORP				
DOCUMENT NUMBER: P11000084263				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
ELVIS D SALVADOR				
Name of Contact Person				
Firm/ Company	<del></del>			
10901 NW 83 STREET 205				
Address DORAL, FL 33178				
City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:				
ELVIS D SALVADOR				
Name of Contact Person Area Code & Daytime Telephone	Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				

## Articles of Amendment to Articles of Incorporation of

FILED

SAFETY REASONS, CORP

2012 MAY 21 PM 4: 08

(Name of Corporation as currently filed with the Florida Dept. of State) P11000084263 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: 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 abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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) . Florida New Registered Office Address: 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

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 <math>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.

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
Change  X Add Remove	VP	JOSE OMAR HUIRACOCHA	191 NW 97 AVENUE # 409 MIAMI, FL 33172
2) <u>×</u> Change Add Remove	D	VERONICA LOPEZ	6461 SW 42 TERRACE MIAMI, FL 33155
3 ) Change Add Remove	Р	FEDERICO A FERNANDEZ	6481 SW 42 TERRACE MIAMI, FL 33155
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional Articles, enter chan (attach additional sheets, if necessary). (Be specific)	<del></del>
If an amendment provides for an exchange, reclassifi provisions for implementing the amendment if not c	cation, or cancellation of issued shares, ontained in the amendment itself:
(if not applicable, indicate N/A)	
The shares distribution will be as fo	
Federico A Fernandez	49 %
Jose Omar Huiracocha	49%
Veronica Lopez	2%
Total	100 %

The date of each amendment(s)	adoption: Way 11, 2012
Effective date if applicable:	lay 11, 2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ac by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	st for the amendment(s) was/were sufficient for approval
by	(voting group)
The amendment(s) was/were ac action was not required.	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated\(\sigma\)	5/11/12
Signature(By a	director, president or other officer – if directors or officers have not been
select	ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	Federico A Fernandez
	(Typed or printed name of person signing)
	President
	(Title of person signing)