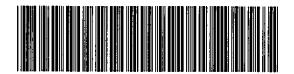
P11000092533

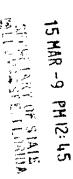
(Re	questor's Name)	`\
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MAR 1 0 2015

C. CARROTHERS

COVER LETTER

TO: Amendment Section

Division of Corpo	orations				
NAME OF CORPOR	RATION: Haciendo	a Olosco			
DOCUMENT NUMBER: <u>P11000092533</u>					
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.			
Please return all correspondence concerning this matter to the following:					
	Zahilyn	Pascual Name of Contact Person	n		
	610 31st	Firm/Company SI SW			
	Naples	Address FL 3411 City/ State and Zip Cod-	7		
E-mail address (to be used for future annual report notification)					
For further information	n concerning this matter, pleas	se call:			
_ Zahil	Grant Person	at (23 9	, 258-6595		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artiment 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)		
<u>Mai</u>	ling Address	Street	<u>Address</u>		
Ame	ndment Section	Amend	ment Section		
	sion of Corporations		on of Corporations		
	Box 6327 shassee, FL 32314		Building xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment

Articles of Amendment
Articles of Incorporation
of The state of th
Hacienda Orosco.
(Name of Corporation as currently filed with the Florida Dept. of State)
P1100092533 (Document Number of Corporation (if known)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendments) to the Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
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."
B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
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 Zahilyn Pascual
Name of New Registered Agent
(Florida street address)
New Registered Office Address:, Florida
(City) (Zip 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 Regimered Alent. 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.

Example: X Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	PD. ElsA EspinosA	<u>610 315+5+5W</u> Maples FL 34117.
Add	V	Maples FL 34117.
Remove	- Λ	<u> </u>
2) Change	PD Zahilyn Pascual	610 31st St SW
X Add	V	Maples PL 34117.
Remove		<u> </u>
3) Change		
Add Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Ramova		

Attach additional sheets, if necessary).	(Be specific)
. 1848	

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f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
	3 4 7 4 4 4 4 4 7 4 4 7 4 4 7 4 7 4 7 4
(if not applicable, indicate N/A)	ndment it not contained in the amendment itself:
provisions for implementing the amer (if not applicable, indicate N/A)	ndment it not contained in the amendment itself:
provisions for implementing the amer (if not applicable, indicate N/A)	ndment it not contained in the amendment itself:
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provisions for implementing the amer (if not applicable, indicate N/A)	ndment it not contained in the amendment itself:
provisions for implementing the amer (if not applicable, indicate N/A)	ndment it not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 by the shareholders was/were sufficient for approval.	ndment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and sh action was not required.	areholder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	older
Dated 3/03/2015	
Signature Clesceins	
(By a director, president or other officer - if directors or officers have n	
selected, by an incorporator – if in the hands of a receiver, trusted, or	Her court
appointed fiduciary by that fiduciary)	Juan O New
ELSA ESPINOSA PD	Lahelyn Pascual. PD.
(Typed or printed name of person signing)	0
PD.	New PD.
(Title of person signing)	