## P12000001449

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SECRETARY OF STATE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: CAPITAL E	QUITY ENTER	PRISE, INC.
, DOCUMENT NUM	<sub>BER:</sub> P1200000744	9	
	s of Amendment and fee are su		
Please return all corre	espondence concerning this ma	tter to the following:	
	MOISES ALVAR	EZ	
		Name of Contact Person	)
	CAPITAL EQUIT		i, INC.
	447 OF NTED DO	Firm/ Company	4707
	417 CENTER PC	Address	.1/3/
	ALTAMONTE SF		01
		City/ State and Zip Code	
	DISES@TAXCAR	FINC COM	·
1	_	sed for future annual report	notification)
10-a Carda a Cabanasa (		11.	
For further information	on concerning this matter, pleas	se can:	
MOISES AL	VAREZ	at (407	774-0861
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	urtment of State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy
	enclosed)	(Additional C	opy is enclosed)
	:::	Camana	:
	niling Address nendment Section		Address ment Section
	vision of Corporations		n of Corporations
	D. Box 6327		Building
Tal	lahassee, FL 32314		xecutive Center Circle
		1 aliana	issee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## CAPITAL EQUITY ENTERPRISE, INC (Name of Corporation as currently filed with the Florida Dept. of State) P12000007449 (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: 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 (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 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.

Example: X Change	<u>PT</u> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	se Jones	
X Add	<u>SV</u> <u>Sali</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
Change X Add Remove	VP	DANNY ALVAREZ	837 SILK OAK TER. LAKE MARY, FL 32746
2) Change Add Remove			
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
(	
If an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) adop	tion: 1/27/12
Effective date if applicable:	1/27/17
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were adopted by the shareholders was/were suffice	d by the sharcholders. The number of votes east for the amendment(s) ient for approval.
	ed by the shareholders through voting groups. The following statement th voting group entitled to vote separately on the amendment(s):
"The number of votes east for	the amendment(s) was/were sufficient for approval
by	(voting group)
☐ The amendment(s) was/were adopte action was not required.	d by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted action was not required.	d by the incorporators without shareholder action and shareholder
Dated 1/27	
Signature	
	tor, president or other officer – if directors or officers have not been y an incorporator – if in the hands of a receiver, trustee, or other court
	fiduciary by that fiduciary)
	Mais Alvarez
	(Typed or printed name of person signing)
	Yeven Secretary
	(Title of person signing)