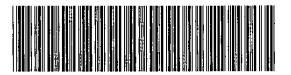
PIZODOOIGIGT

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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Amend

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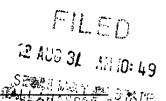
T. LEWIS

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: HORTON-ALMONTE CORP.				
DOCUMENT NUMBER: P12000016167				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
ANGEL S. HORTON FERNANDEZ				
Name of Contact Person				
Firm/ Company				
9495 S. ORANGE BLOSSOM TRL.				
Address ORLANDO FL 32937				
City/ State and Zip Code				
horton 0464@hotmail.com				
E-mail address: (to be used for future annual report notification)				
or further information concerning this matter, please call:				
RUBEN D. TORO at (407) 370-6445				
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 Certified Copy (Additional copy is enclosed) \$35 Filing Fee 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



HORTON-ALMONTE CORP

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

P12000016167

dment(s) to

(Document Number of Corp	oration (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amend
A. If amending name, enter the new name of the corpor	·
	The n rporation," "company," or "incorporated" or the abbreviatic," or "Co". A professional corporation name must contain to viation "P.A."
B. Enter new principal office address, if applicable:	9495 S. ORANGE BLOSSOM TRL.
(Principal office address <u>MUST BE A STREET ADDRES</u>	ORLANDO FL 32837
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered o new registered agent and/or the new registered office	ice address in Florida, enter the name of the address:
Name of New Registered Agent	

6	lorida street address)
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Register	
I hereby accept the appointment as registered agent. I am	amiliar with and accept the obligations of the position.
Signature of New Re	istered 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	PT John	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Salt	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	DPT	ANGEL S. HORTON FERNANDEZ	9495 S. ORANGE BLOSSOM TRL.
Add			ORLANDO FL 32837
Remove			
2) Change	VP_	OMAR V. ALMONTE FABIAN	549 N. UNIVERSITY DR. STE. 204
Add			CORAL SPRINGS FL 33067
X Remove			
3) Change	DS	DIONICIO A. FERNANDEZ	9495 S. ORANGE BLOSSOM TRL.
X Add			ORLANDO FL 32837
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
·	· · · · · · · · · · · · · · · · · · ·
· · · · ·	
	ange, reclassification, or cancellation of issued shares,
rovisions for implementing the amer	ndment if not contained in the amendment itself:
nn amengment provides for an exching the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
rovisions for implementing the amer	ndment if not contained in the amendment itself:
rovisions for implementing the amer	ndment if not contained in the amendment itself:
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rovisions for implementing the amer	ndment if not contained in the amendment itself:
rovisions for implementing the amer	ndment if not contained in the amendment itself:

The date of each amendment(s) adoption: 08/28/2012			
Effective date <u>if applicable</u> :			
	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.		
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):		
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval		
by	(voting group)		
	(voting group)		
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder		
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder		
Dated 08/28	3/2012 ₋₎		
Signature	Jugel Horto		
	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		
арро	pinted fiduciary by that fiduciary)		
	Angel S. Horton Fernandez		
	(Typed or printed name of person signing)		
	President		
	(Title of person signing)		