## P1200002 7565

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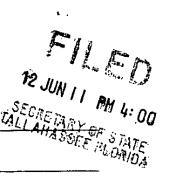
TO: Amendment Section Division of Corporations NAME OF CORPORATION: Cinthia Olavarria, Inc. DOCUMENT NUMBER: P12000027565 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Cynthia Olavarria Name of Contact Person Cynthia Olavarria, Inc. Firm/ Company 60 SW 13th Street Apt. 2101 Address Miami, FL 33130 City/ State and Zip Code lucygarciacpa@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lucy Garcia 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: S35 Filing Fee □\$52.50 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Ccrtificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

**Mailing Address** 

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation



Cinthia Olavarria, Inc.

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

nent(s) to

P12000027303	
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, th its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendm
A. If amending name, enter the new name of the cornoration:	
Cynthia Olavarria, Inc.	The ne
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
•	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A .
D. If amending the registered agent and/or registered office ac new registered agent and/or the new registered office address	
Name of New Registered Agent _ Cynth	ia Olavannia
(Florida	street address)
New Registered Office Address: (Ci	y) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	
Signature of New Registere	d 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.

Example: X Change	PT	John Doe				
-		<u> </u>				
X Remove	<u>v</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	Title	<u>Name</u>		<u>Ad</u>	<u>dres</u> s	
1) X Change Add Remove	P	Cynthia Olava	rrta		W 13th Street Apt. 2101 M. FL 33130	
2) Change Add Remove						
3 ) Change Add Remove	<del></del>					
4) Change Add Remove						
5) Change Add Remove						
6) Change Add Remove				· 		

(attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
V/A	
,	
. If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
N/A	

The date of each amendment(s) a	doption: 03/21/2012
Effective date if applicable:	8/21/2012
Incline date it appreciation	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cast	t for the amendment(s) was/were sufficient for approval
by	<b>9</b> -
	(voting group)
action was not required.  The amendment(s) was/were ad	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
action was not required.	/2012
Dated 06/06	2012
Signature 6	inthia & Olavarría.
(By a c	director, president or other officer - if directors or officers have not been
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	Cynthia Olavarria
	(Typed or printed name of person signing)
	President
	(Title of person signing)