P12000035278

(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dearwood Niverban)				
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Division of Corporations				
DOCTO	R LIMON COR	Р		
NAME OF CORPORATION: P12000	035278			
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee an	re submitted for filing.			
Please return all correspondence concerning this	s matter to the following:			
JOSE A COM	/IBINA			
DOCTOR LIMON CORP				
13766 SW 84TH STREET				
Address				
MIAMI, FL 33183				
a the seather and described as	City/ State and Zip Code			
albertoquinones	be used for future annual report	notification)		
2-mail addives. (to	oe asea to: ratare annual report			
For further information concerning this matter,	please call:			
JOSE A COMBINA	at (321_	<u>, 299-7588</u>		
Name of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount m	nade payable to the Florida Depa	artment of State:		
\$35 Filing Fee		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address		Address		
Amendment Section Division of Corporations		Amendment Section Division of Corporations		
P.O. Box 6327		Building		

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation DOCTOR LIMON CORP

(Name of Corporation as currently filed with the Elo.	rida Dept. of State)	
(Document Number of Corporation (if k	known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) t	o
A. If amending name, enter the new name of the corporation:		
	The new	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
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 addressive new registered agent and/or the new registered office address:		
Name of New Registered Agent		6
(Florida stree	et 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 wi	ith and accept the obligations of the position.	
Signature of New Registered As	gent. 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	<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>	Name	Address
1) Change	VTS	Carmen F Terrazas Puga	800 N Miami Ave
X Add			Apt.#1602
Remove			Miami, FL 33136
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).	(Be specific)
	·
	and the state of t
provisions for implementing the am (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, sendment if not contained in the amendment itself:
AR	TICLE III SHARES
E THOUSAND SHARES OF COMM	ION STOCK AT ONE HUNDRED DOLLARS PER VALUE.
88% J0	OSE A. COMBINA
	ARMEN F. TERRAZAS PUGA

SEPTEMBER 7, 2012 The date of each amendment(s) adoption: SEPTEMBER 7, 2012 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(s) by the shareholders was/were sufficient for approval. ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval (voting group) ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Dated SEPTEMBER 7, 2012 (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) JOSE A. COMBINA (Typed or printed name of person signing)

PRESIDENT/DIRECTOR
(Title of person signing)

Page 4 of 4