## P1200035523

(R	Requestor's Name)	
(A	ddress)	
(A	ddress)	<del>.</del>
(C	City/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name	)
. (C	Ocument Number)	<del></del>
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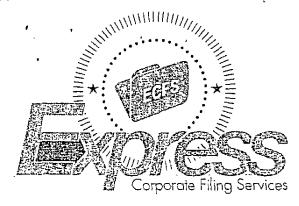
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SECRETARY OF STATE
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8/29/12



1000 Ponce de Leon Blvd. Suite: 101 Coral Gables, FL 33134

Phone: 305 444 4994

Email-filing@ecfsfiling.com

JEEL	CE.	<b>321</b>	ONLY	

Examiner's Initials

## CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

AAGA G CO (Corporation Name)	(Document #)
(Corporation Name)	(Document ≠)
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
Walk in Pick up	time Certified Copy
Mail out Will wai	t Dentificate of Status
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NEW FILINGS	AMENDMENTS
Profit	Amendment
NonProfit	Resignation of R.A., Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
OTHER FILINGS	REGISTRATION/
Annual Report	QUALIFICATION
<del></del>	Foreign
Fictitious Name	Limited Partnership
Name Reservation	Reinstatement
	I set i state i te

Other

## Articles of Amendment Articles of Incorporation of



2012 AUG 29 AM 11: 20

SECRETARY OF STATE TALLAHASSEE FLORIDA

## AAGA GROUP INC.

(Name of Corporation a	s currently filed with the Flo	orida Dept. of State)	_
P12000035523			
(Docume	nt Number of Corporation (if	known)	<del></del>
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Floridà Statutes, this F	Clorida Profit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
			The new
	nation "Corp," "Inc," or "C	," "company," or "incorporated" or the c Co". A professional corporation name must P.A."	abbreviation
B. Enter new principal office address.	if annlicable:	13872-74 SW 8 ST	
(Principal office address MUST BE A STREET ADDRESS)		MIAMI, FL 33184	_
			_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		13872-74 SW 8 ST	
		MIAMI, FL 33184	_
			_
D. If amending the registered agent an new registered agent and/or the new		ess in Florida, enter the name of the	
Name of New Registered Agent	MAYELIN FELIP	E	
	13872-74 SW 8	ST	
	(Florida stree		
New Registered Office Address:	MIAMI	, Florida 33184 (Zip Code)	***
	(City)	(Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Agent:		
I hereby accept the appointment as regist	ered agent I amfamiliar wi	ith and accept the obligations of the position.	
	IT TEXALEST		

Signature of New Ingistered 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	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Titie</u>	Name	<u>Addres</u> s
1) Change	P/D	ANNIA MONTANO	2501 SW 152 ST
Add			MIAMI, FL 33185
X Ramove			
2) Change	P/D	MAYELIN FELIPE	13872-74 SW 8 ST
X Add			MIAMI, FL 33184
Remove			***************************************
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		· · · · · · · · · · · · · · · · · · ·	
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	_
· · · · · · · · · · · · · · · · · · ·	
f an amendment provides for an exch	unge, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	and the state of t
······································	

The date of each amendment(s) adoption: 08/23/2012
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
by
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 08/23/2012
Signature Obg On Dohn
(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)
ANNIA MONTANO
(Typed or printed name of person signing)
PRESIDENT-DIRECTOR
(Title of person signing)