## P12-000044569

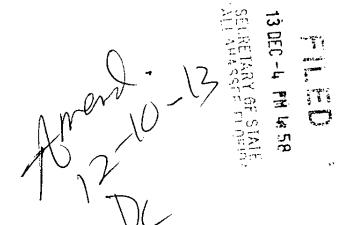
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## **COVER LETTER**

TO: Amendment Sect Division of Corpo			
NAME OF CORPOR	RATION: Las	Pasas, Inc	
DOCUMENT NUME	BER: <u>P1200</u>	00 44569	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	•
Please return all corres	spondence concerning this mat	tter to the following:	
	<u>Georg</u>	Inne Casti	70
	Las Ca	Name of Contact Person  LS & S Ju.  Firm/ Company	•
		Firm/ Company	
	305 N	Gomez Address	Ave
	<u> </u>	Address	4-(
	tamo	City/ State and Zip Code	3609
		City/ State and Zip Code	;
	lascasas inc E-mail address: (to be us	ed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Geovann	e Castro	at ( <b>813</b>	) 451-666Y
Name	of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is analogod)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Mai	iling Address	Street .	Address
	endoment Section		
	sion of Corporations	Divisio	n of Corporations
	. Box 6327		Building
'i'ali	ahassee. FL 32314	<b>2661</b> E	xecutive Center Circle

Tallahassee. FL 32301

## Articles of Amendment to Articles of Incorporation

of

Las Casas	Inc			_
(Name of Corporation as currently	filed with the Florid	a Dept. of State)		•
P120000 445	769			
(Document Number	of Corporation (if kno	wn)		,
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this <i>Flori</i>	da Profit Corporation ado	pts the following	g amendment(s) to
A. If amending name, enter the new name of the	corporation:			
				_The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co. word "chartered," "professional association," or the	orp," "Inc," or "Co".	A professional corporati	ated" or the all ion name must d	bbreviation contain the
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET AL			<del></del> -	
	_			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	BOX)			
-			35	
			<u>~~</u> >≈	
	_		<u> </u>	ing life i
D. If amending the registered agent and/or regist		n Florida, enter the name	of the	Property of the second
new registered agent and/or the new registere	ed office address:		_'	K III
Name of New Registered Agent			SIAII SIAII	Λ
<del>- ,</del>	(Florida street ad	dress)		. •
New Registered Office Address:	(City)	, Florida	(Zip Code)	
	(3.0)		(Lip Code)	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent.	egistered Agent: '. I am familiar with a	nd 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 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 Tambs FL
1) Change	<u>S</u>	hoben Punks	GOIS N. lamem Au (33614
Add Remove			
2) Change			
Add Remove			
3) Change			
Add Remove			
4) Change			
Add Remove			
5) Change			
Add			
Remove  6) Change			
Add			
Remove			

Attach	additional sh	neets, if necessar	Articles, enter ch y). (Be specific)			
		N/A				
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<u>1 an ar</u> nrovis	<u>menament p</u> sions for imp	<u>rovides for an e</u> dementing the a	xchange, reclassi mendment if not	fication, or cance	ellation of issued s amendment itself:	hares,
(ij	f not applical	ble, indicate N/A	)	contained in the	amenament usen.	•
		11/0				
		N/A				
					<u></u> .	
	C II	· · · · · · · · · · · · · · · · · · ·	·- ·			

The date of each amendment(s) adoption: 24, 2013 date this document was signed.	, if other than th
-	
Effective date if applicable: Dec 1, 2013 (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"	
(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 11/26/2013	
Signature  (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)	<del></del>
Geovaine Castro (Typed or printed name of person signing)	<del></del>
President/Treasure (Title of person signing)	