P12000044434

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
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Amend CC Amend Cus

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	HEMACA II	NC.			
DOCUMENT NUMBER	DOCUMENT NUMBER: p12000046434				
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspo	ndence concerning this mat	ter to the following:			
N	limi Bared				
_		Name of Contact Person			
В	ared and Associ	ates, PA			
		Firm/ Company			
2	2950 SW 27th Ave #100				
	Address				
N	Miami, Fl. 33133				
		City/ State and Zip Code			
305-666-6010					
E-mail address: (to be used for future annual report notification)					
		·			
For further information concerning this matter, please call:					
Mimi Bared		at (305	, 666-6010		
Name of 0	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	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	■\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amend Divisio P.O. B	g Address Iment Section on of Corporations ox 6327 assee, FL 32314	Division Clifton E 2661 Exc	ent Section of Corporations		

Articles of Amendment to Articles of Incorporation of

Hemaca Inc.		
(Name of Corporation as currently filed with the	Florida Dept. of State)	- 3
P12000046434		
(Document Number of Corporation	(if known)	س _
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the follow	ing amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name mus	abbreviation t'contain the
B. Enter new principal office address, if applicable:	2950 SW 27th Ave	-
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	S⊑ite 100	-
	Miami, F□ 33133	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2950 SW 27th Ave	
	S⊑ite 100	
	Miami, F□ 33133	_
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		
Name of New Registered Agent Bared Associates, PA		
	Aven⊑e, S⊑ite 100	
	street address)	
New Registered Office Address: Miami	, Florida 33133	_
(Cii	(V) (Zip Code)	41.55 g = 1
	r with and accept the obligations of the position	
Signalule of New Registered	d _A igent, if thanging	•

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:	D.T.			·
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	<u>Addres</u> s	
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
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eclassification, o	r cancellation	of issued sh	ares.			
n not contained	in the amend	iment itself:				
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	eclassification, o	eclassification, or cancellation if not contained in the amend	eclassification, or cancellation of issued shif not contained in the amendment itself:	eclassification, or cancellation of issued shares, if not contained in the amendment itself:	if not contained in the amendment itself:	if not contained in the amendment itself:

The date of each amendment(s)	adoption: August 6, 2012
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
•	st for the amendment(s) was/were sufficient for approval
by	(voting group)
■ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated A Live	st 6, 2012
Signature	
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Henr□Camino
	(Typed or printed name of person signing)
	□irector@resident
	(Title of person signing)