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| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
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| (Document Number)                       |
| (Dodalie Halliber)                      |
|   |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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C. LEWIS SEP 2 6 2013 EXAMINER

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION: QAPAQ CORPORATION                                    |
|---|
| DOCUMENT NUMBER: P12000086075   |
| The enclosed Articles of Amendment and fee are submitted for filing.      |
| Please return all correspondence concerning this matter to the following: |
|   |
| Name of Contact Person  |
| HISPANIC FINANCIAL TAX SERVICES INC                                       |
| Firm/ Company   |
| 7401 WILES RD SUITE 126   |
| Address   |
| CORAL SPRINGS, FL 33067   |
| City/ State and Zip Code  |
| apatino@hispanictaxinc.com  |
| E-mail address: (to be used for future annual report notification)        |
|   |

For further information concerning this matter, please call:

HILDA D. RAMOS

...954

9373845

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:

□ \$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)

**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 Articles of Incorporation**

FILED 13 SEP 19 AM 9: 34

## **QAPAQ CORPORATION**

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

| P12000086075 |  |
|--------------|--|
|--------------|--|

(Document Number of Corporation (if known)

mendment(s) to

| name must be distinguishable and contain the word "c<br>"Corp.," "Inc.," or Co.," or the designation "Corp," "I<br>word "chartered," "professional association," or the abbr | nc," or "Co". A professional corporation name mus |
|--|---|
| Enter new principal office address, if applicable:   | 9497 SW 51 ST                                     |
| Principal office address <u>MUST BE A STREET ADDRES</u>  | COOPER CITY, FL 33328                             |
| . Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | 9497 SW 51 ST                                     |
|  | COOPER CITY, FL 33328                             |
| If amending the registered agent and/or registered one new registered agent and/or the new registered office   |   |
| Name of New Registered Agent   |   |
|  | Florida street address)                           |

Page 1 of 4

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  | <u>Doe</u>         |                        |
|----------------------------|----------|--------------------|------------------------|
| X Remove                   | V Mike   | <u>Jones</u>       |                        |
| X Add                      | SV Sally | <u>Smith</u>       |                        |
| Type of Action (Check One) | Title    | Name               | <u>Addres</u> s        |
| 1) Change                  | VP       | FLORINDA M. QUISPE | 101 BERKLEY RD APT 212 |
| Add                        |          |                    | HOLLYWOOD, FL 33024    |
| X Remove                   |          |                    | -                      |
| 2) Change                  | MBR      | CARLOS J. POZO     | 101 BERKLEY RD APT 121 |
| Add                        |          |                    | HOLLYWOOD, FL 33024    |
| X                          |          |                    |                        |
| 3) Change                  | MBR      | IVAN E. RETAMOZO   | 101 BERKLEY RD APT 121 |
| Add                        |          |                    | HOLLYWOOD, FL 33024    |
| X Remove                   |          |                    |                        |
| 4) Change                  | VP       | TOMAS G. HUAMAN    | 9497 SW 51 ST          |
| X Add                      |          |                    | COOPER CITY, FL 33328  |
| Remove                     |          |                    |                        |
| 5) Change                  |          |                    |                        |
| Add                        |          |                    | <del></del>            |
| Remove                     |          |                    |                        |
| 6) Change                  |          |                    |                        |
| Add                        |          |                    |                        |
| Remove                     |          |                    |                        |

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|   |   |    |
| If an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A) | nge, reclassification, or cancellation of issued shares dment if not contained in the amendment itself: | à. |
|   |   |    |
|   |   |    |
|   |   |    |
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|   |   |    |

| The date of each amendment(s) ad                                     | 09/14/2013   | FILED  | . if other than the |
|--|--|--|---------------------|
| date this document was signed.                                       |  | 13 SEP 19 AM 9: 34                           | <b>2,</b>           |
| Effective date if applicable:  |  | SECRETARIA SE 34                             | _                   |
|  | (no more than 90 days after an   | nendine file date) OF STATE ANASSEE. FLORIDA |                     |
| Adoption of Amendment(s)   | ( <u>CHECK ONE</u> )   |  |                     |
| ■ The amendment(s) was/were adop<br>by the shareholders was/were suf | oted by the shareholders. The number of volficient for approval.   | tes cast for the amendment(s)                |                     |
|  | roved by the shareholders through voting groeach voting group entitled to vote separately  |  |                     |
|  | or the amendment(s) was/were sufficient for  | approval                                     |                     |
| by   | (voting group)   | **   |                     |
|  | (voting group)   |  |                     |
| The amendment(s) was/were adopaction was not required.               | oted by the board of directors without sharel  | nolder action and shareholder                |                     |
| The amendment(s) was/were adopaction was not required.               | oted by the incorporators without shareholde   | er action and shareholder                    |                     |
| 09/14  | /2013(\  |  |                     |
| Dated Signature  | I de la companya de l |  |                     |
| (By a di   | rector, president or other officer - if director   |  | -                   |
|  | , by an incorporator – if in the hands of a re-<br>ed fiduciary by that fiduciary)   | ceiver, trustee, or other court              |                     |
|  | HILDA D. RAMOS   |  |                     |
| -  | (Typed or printed name of  | person signing)                              | -                   |
|  | PRESIDENT  |  |                     |
| -  | (Title of person si  | gning)                                       | -                   |