· (Requ	estor's Name)	
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SEPRETARY OF STATE
SEPRETARY OF STATE

DEC 02 2013 R. WHITE

COVER LETTER

TO: Amendment Section **Division of Corporations**

> P.O. Box 6327 Tallahassee, FL 32314

		. — —	
		E CORPORA	
DOCUMENT NUMBER	: P 120000) 86 <i>8</i> 86	
The enclosed Articles of A	mendment and fee are su	bmitted for filing.	
Please return all correspon	dence concerning this ma	tter to the following:	
.Д	madea A Ma		
_/1	MUCHO A TIE	Name of Contact Person	1
<u>.</u>	madeo Haz	Name of Contact Person Replication P.A. Firm/ Company	
		Firm/ Company	
/	849 5 000	Address	14
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<u>H</u>	allandale	TLORIDA =	33009
		City/ State and Zip Cod	e
C	ranazzoli	in Cholina, sed for future annual report	1. ann
	E-mail address: (to be us	sed for future annual report	notification)
For further information con	ncerning this matter, pleas	se call:	
Amadeo Hazz	e olini	at (305	1945 3686
	ontact Person	Area Co	945 3686 de & Daytime Telephone Number
Enclosed is a check for the		payable to the Florida Depa	
Shelosed is a cheek for the	Tonowing amount made	payable to the Florida Depa	arthent of State.
☐ \$35 Filing Fee	☑\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is	□\$52.50 Filing Fee Certificate of Status
		enclosed)	Certified Copy (Additional Copy is enclosed)
<u>Mailing</u>	Address	Street	Address
Amendir	ent Section	Ameno	lment Section
Division P.O. Box	of Corporations 6327		on of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

NOV 25 FH 12: 46 BENARIE (Name of Corporation as currently filed with the Florida Dept. of State) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (Zip Code) New Registered Agent's Signature, if changing Registered Agent; I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Page 1 of 4

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	PT Joh	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	5_	Jose D, WINER	492 NW 165 STRD C 115
X _∧dd			HIAMI FC 33169
Remove			
2) Change	T	Gabriel J. WINER	492 NW 165 STRA C-115
X_ Add			MIAMI FL 33169
Remove			
3) Change			
Add			
Remove			-
4) Change			\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Remove			
5) Change			
Add	~=-		
Remove			
			
6) Change			
Add			 -
Remove			

Attach <i>additio</i>	r adding additional At nal sheets, if necessary)	. (Be specific)			
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·F 7					
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f an amendn	ent provides for an exc	change, reclassi	fication, or cance	ellation of issued sha	res,
provisions fo	r implementing the am	rendment if not	contained in the	amendment itself:	
(у посар	plicable, indicate N/A)				
·					`
					- · · · · ·

The date of each amendment(s) adoption: // - /2 - /3 date this document was signed.	, if other than th
Effective date if applicable: // - 13 - 13 (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 // - 12 - 13	
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)	
LEON WINER	
(Typed or printed name of person signing)	
PRESIDENT.	
(Title of person signing)	