P1200009992

(Re	questor's Name)	
——————————————————————————————————————	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	<i>F</i>)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
		,

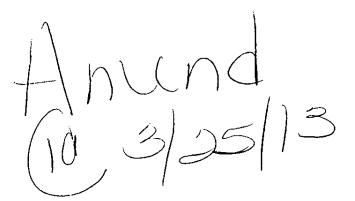




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TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION: EL Late	VO Multiser	rvices INC
DOCUMENT NUMBER	: P120000	99592	
The enclosed Articles of A	I <i>mendment</i> and fee are su	bmitted for filing.	
Please return all correspon	dence concerning this ma	tter to the following:	
, rhoman mar	Lui	S Torres Name of Contact Perso	
*****	EL Latin	JO MUTSER Firm/Company	VICES INC
	815 Belver	dere Rd Address	
	West Pa	City/ State and Zip Cod	
	E-mail address: (to be us	layer annual report	DI. COM notification)
For further information con	ncerning this matter, pleas	e call:	
Luis To	orres	at (50)	8325444
Name of Co	ontact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the	following amount made p	payable to the Florida Depa	artment of State:
S35 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)
***************************************	Address		Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of

EL Latino Multiservices	INC
(Name of Corporation as currently filed with the Flor	ida Dept. of State)
D12000099592	
(Document Number of Corporation (if kn	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Flaits Articles of Incorporation:	vrida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	NA The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.z	"company," or "incorporated" or the abbreviation ". A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NA
C. Enter new mailing address, if applicable: (Mailing address MAYBE A POST OFFICE BOX)	NA
D. If amending the registered agent and/or registered office address	s in Florida, enter the name of the
new registered agent and/or the new registered office address:	4)10
Name of New Registered Agent	N/X
(Florida street	address)
New Registered Office Address:	. Florida (Zip Code)
(City)	(ΔΦ Code)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with	is and accept the obligations of the position.
Signature of New Registered Age	ent. if changing
	' / 6 6

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>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change	P	Luis Alberto Torres Romero	815 BelvedoreRd
Add Remove		KO I ICI O	West Frey Ben Fr 33405
2) Change	<u>T</u>	ANTONIETA A Mena	815 Belvedere Rd
Add Remove			West Falm But, Fi 33405
3)Change	工	Luis Alberto Torres	815 Be wedere Rd
Add Remove		Vasquez	West Folm Bon, FL 3340
4) Change			
Add			
5)Change	***************************************		
Add Remove			
6) Change Add		AA	
Remove			

(Attach additional sheets, if necessary). (Be specific) N H	
N#	
If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
NIA	

The date of each amendment(s) adoption	on: 3/1/20/3
Effective date <u>if applicable</u> :	3/1/2013
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) nt for approval.
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):
"The number of votes cast for th	e amendment(s) was/were sufficient for approval
by	(voting group)
☐ The amendment(s) was/were adopted l action was not required.	by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted laction was not required.	by the incorporators without shareholder action and shareholder
Dated3	9/13
selected, by	r president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other count duciary by that fiduciary)
to alternation	Lois Alberto Torres Romano
	(Typed or printed name of person signing)
-	Itesiaeut.
	(Title of person signing)