## P130000000110

Office Use Only



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## COVER LETTER

TO: Amendment Section **Division of Corporations** RES BANDELAS Z INC NAME OF CORPORATION: 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 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: F-Nui3 Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

(Additional copy is

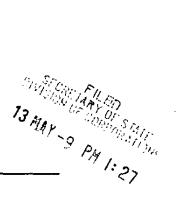
enclosed)

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certified Copy

(Additional Copy is enclosed)

## Articles of Amendment to



Articles of Incorporation  of  AS TRES BANDERAS 2 INC  (Name of Corporation as currently filed with the Florida Dept. of State)
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LAS TRES BANDERAS 2 INC
(Name of Corporation as currently filed with the Florida Dept. of State)
P1300000110
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
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 office address;
Name of New Registered Agent Claudia Espang
229 FAULT NOR SI
(Florida street address)
New Registered Office Address: WINTEL balden, Florida 34787
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
· Muducipata
Signature of New Registered Agent, If changing

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_ <u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<u>P</u>	clavoia Espang	229 Faulknerst
X_ Add			WINTER barden FC 34787
Remove			
2) Change	<u>S</u>	Claudia España	229 Faulkner St Winterbarden FL 3478+
Remove 3) Change Add	₽_	<u>maria E Aquilar</u>	229 Faulkner St Winter borden, FL 34787
## Remove  4) Change  Add  ## Remove	<u>S</u>	maria E Aguilar	229 FAULKNUST Winter barden FC 34787
5) Change Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)					
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provisions for implementing the amer	ange, reclassific	ation, or ca ntained in t	ncellation o	of issued sh	ares,	
an amendment provides for an exchorovisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassific	ation, or ca ntained in t	ncellation of the head of the	of issued sh	ares.	
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The date of each amendment(s) adoption: $\frac{5-1-2013}{2}$
Effective date if applicable: $5-1-2013$ (no more than 90 days after amendment file date)
(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)
(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.
Dated5/7/13
Signature Monte Agailor
(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)
Maria E Amilan (Typed or printed name of person signing)
(Typed or printed name of person signing)
President
(Title of person signing)