Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H130000812023)))



H130000812023ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : FASTKIT CORP Account Number : I20100000009 Phone : (305)599-0839 Fax Number : (305)592-9591

**Enter the email address for this business entity to be used future annual report mailings. Enter only one email address please. // /

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN LATIN DESING & EVENTS INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

RECEIVED

Electronic Filing Menu

Corporate Filing Menu

Apr 11 13 11:53a

Fastkit Corp.

3055929591

p.2

850-617-6381

4/11/2013 10:47:38 AM PAGE

1/001 Fax Server



April 11, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LATIN DESING & EVENTS INC. 2160 NE 122 ROAD MIAMI, FL 33181

SUBJECT: LATIN DESING & EVENTS INC.

REF: P13000013314

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Teresa Brown Regulatory Specialist II FAX Aud. #: B13000081202 Letter Number: 213A00008596

to

Articles of Amendment to Articles of Incorporation FILED 2013 APR II PM 3: 3

	Articles of Incorporation		°M 3: 35
LATIN DESING & EVENT	S INC.	SECRE SARY OF TALLAHASSEE.	STATE
(Name of Corporation as c	urrently filed with the Florida Dep	ot. of State)	FLORIDA
P13000013314			
(Document	Number of Corporation (if known)		
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this Florida Pr	ofu Corporation adopts the following	g amendment(s
A. If amending name, enter the new nam	ne of the corporation:		
LATIN DESIGN & EVENT			
		n - 6:	_The new
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designa- word "chartered," "professional association	tion "Corp," "Inc," or "Co". A p.		
B. Enter new principal office address, if (Principal office address MUST BE A ST	applicable: REET ADDRESS)		-
•			_
			-
C. Enter new mailing address, if applications and address MAY BE A POST O			-
			-
D. If amending the registered agent and new registered agent and/or the new	or registered office address in Floregistered office address:	rida, enter the name of the	-
Name of New Registered Agant			
•	(Florida street address		
New Registered Office Address:		, Florida	_
Here Household on Office Haar State	(City)	(Zip Code)	-
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	anging Registered Agent: red agent. I am familiar with and a	ccept the obligations of the position.	
Sig	nature of New Registered Agent, if c	nanging	

Example:

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.

X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sy</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2)Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5)Change			
Add			
Remove			
- Accinove			
δ) Change			
Add			
Remove			

tπach additional sh	eets, if necessary).	(Be specific)			
		<u> </u>			
			-,,	 -	
			<u></u>		
					
		<u></u>	·		
				····	
					
		<u> </u>			
					· · · · · · · · · · · · · · · · · · ·
If an amendment p provisions for imp (if not applicat	provides for an exc plementing the amobile, indicate N/A)	hange, reclassif	ication, or cancell contained in the a	ntjon of issued mendment itse	shares. If:
	<u> </u>				
				_	
	· · · · · · · · · · · · · · · · · · ·				

The date of each amendment	(s) adoption: 04/09/2013
Effective date if applicable:	04/09/2013
Effective date <u>if applicable</u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
	s cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voling group)
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated 04/	09/2013
	(Figuralization of processing of fiver - if diseases of officers have not their infiltering by an interpretation. If to the hands of the security, musico, or submit open apparation from interpretation for the processing of the security.
	MARCELO RODRIGUEZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)