

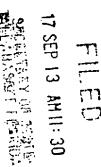
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(Business Entity Name)	<u> </u>
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SEP 1/4 2017

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: 3H DEVELOR	PMENT CORP.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee ar	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
RUBEN D. TORO	
RUBEN TORO P.A.	Name of Contact Person
	Firm/ Company
7901 KINGSPOINTE PR	EWY STE. 31
	Address
ORLANDO FL 32819	
	City/ State and Zip Code
rubentorocpa@hotmail.com	
E-mail address: (to b	e used for future annual report notification)
For further information concerning this matter, r	please call:
Ruben D. Toro	at (
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:
\$35 Filing Fee	
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 to Articles of Incorporation FILED

17 SEP 13 AHII: 30

3H DEVELOPMENT CORP.

	II	<b>一种</b> 相互为自己专会主意	<u>, s() 40 ta</u>
(Name of Co	rporation as currently filed		
213000029575		•••	
	<u> </u>		
	(Document Number of Corpo	ration (if known)	
dursuant to the provisions of section 607.1006, as Articles of Incorporation:	Florida Statutes, this <i>Florida</i>	Profit Corporation adopts	the following amendment(s) t
A. If amending name, enter the new name o	f the corporation:		
	11		The new
ame must be distinguishable and contain t Corp.," "Inc.," or Co.," or the designation ord "chartered," "professional association,"	Corp." "Inc," or "Co"		
B. Enter new principal office address, if app	olicable:		
Principal office address <u>MUST BE A STREE</u>			
	<u> </u>		
	<u> </u>		
Enter new mailing address, if applicable			
(Mailing address <u>MAY BE A POST OFFI</u>	<u></u>		
). If amending the registered agent and/or i	 r <b>e</b> gistered office address in :	Florida, enter the name of	the
new registered agent and/or the new regi			
	ii -		
Name of New Registered Agent	<u> </u>		
	<u> </u>		
	(Florida street addi	ess)	
New Registered Office Address:	11	, Flor	
	(City)		(Zip Code)
ew Registered Agent's Signature, if changi	  ng Registered Agent:		
hereby accept the appointment as registered a	arent. I am familiar with an	d accept the obligations of t	he position.
			,
	li		
	Signature of New Register	ed Agent, if changing	
		2 2 11	

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:

 $P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>P_1^TD$ .

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		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Na</u>	 <u>me</u> 	<u>Addres</u> s
1) Change	PTD	LII	NA ALEJANDRA CHISACA BOO	1845 TATTENHAM WAY
X Add				ORLANDO FL 32837
Remove				
2) X Change	SD	CA	RLOS I. CUBILLOS	1845 TATTENHAM WAY
Add				ORLANDO FL 32837
Remove 3 ) X Change	VPD	LŲ	ĮS H. CHISACA	1845 TATTENHAM WAY
Add				ORLANDO FL 32837
Remove				
4) Change		_		
Add				
Remove				
5) Change		<u> </u>		
Add				
Remove				
രി Change		_		
Add				
Remove				

E. If amending or adding additional Articles,	enter change(s) here:
(Attach additional sheets, if necessary). (B	specific)
·	
····	<u> </u>
	-
	1
-	
	1
F. If an amendment provides for an exchange	reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ent if not contained in the amendment itself:
(3 3)	
·	
-	
<del></del>	<u> </u>

	30/2017	
The date of each amendment(s) adoption:date this document was signed.	i ther	than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of S	 of meet the applicable statutory filing requirements, this date will not be liste State's records.	ed as the
Adoption of Amendment(s) (CHE	ECK ONE)	
■ The amendment(s) was/were adopted by the s by the shareholders was/were sufficient for a	hareholders. The number of votes cast for the amendment(s) pproval.	
	shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amend	 dment(s) was/were sufficient for approval	
by	ng group)	
	oard of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by the in action was not required.		
08/30/2017 Dated		
	dent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court by that fiduciary	
Carlos I. Cub	 pillos 	
T)	yped or printed name of person signing)	
President		
	(Title of person signing)	