# P1300032224

(Re	questor's Name)	
<b>(</b> · · ·		
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13 AUG -8 PH 1: 20 SECRETARY OF STATE

C. LEINIS ANG 13 2013 EXAMINER

#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

Division of Corporations			
NAME OF CORPORATION: Habemusu	n Inc.		
DOCUMENT NUMBER: P1300003222			
The enclosed Articles of Amendment and fee are sul	bmitted for filing.		
Please return all correspondence concerning this mat	ter to the following:		
Maximilian Scher	nk		
	Name of Contact Persor		
Schenk & Associ	ates, PLC		
	Firm/ Company		
801 Brickell Bay	Dr.		
	Address		
Miami, Florida 33	3131		
· · ·	City/ State and Zip Code	e	
mic@cohonk low co	m		
mjs@schenk-law.co			
E-mail address: (to be us	ed for future annual report	nonneation)	
For further information concerning this matter, pleas	se call:		
Maximilian Schenk	at , 305	de & Daytime Telephone Number	
Name of Contact 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:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address	Street	Address	
Amendment Section	Amendment Section		
Division of Corporations		on of Corporations	
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

## FILED

Articles of Amendment to Articles of Incorporation of 13 AUG -8 PM 1: 20

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Habemusun Inc.			CONTUA
(Name of Corporation as currently	y filed with the Florida Dept	. of State)	
P13000032224			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florts Articles of Incorporation:	rida Statutes, this <i>Florida Pro</i>	fit Corporation adopts the follo	wing amendment(s)
A. If amending name, enter the new name of the	corporation:		
			The new
name must be distinguishable and contain the w "Corp" "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or t	orp," "Inc," or "Co". A pro	ny," or "incorporated" or th ofessional corporation name m	e abbreviation
B. Enter new principal office address, if applica Principal office address <u>MUST BE A STREET A</u>			<u> </u>
	-		
C. F. Marian			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u> )	<del></del>	
			<del>_</del>
D. If amending the registered agent and/or registered new registered agent and/or the new register		da, enter the name of the	_ <del>_</del>
Name of New Registered Agent			
	(Et )		
	(Florida street address)		
New Registered Office Address:	(City)	, Florida (Zip Code	<del></del>
	•		
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen		cept the obligations of the positi	ion.
		<del></del>	
Signature of	f New Registered Agent, if cha	inging	

#### 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:	e, and odny onn			
X Change	<u>PT</u> <u>John</u>	John Doc		
X Remove	<u>V</u> <u>Mike</u>	: Jones		
X Add	SV Sally	Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
l) Change	D, P	Emilio Mena	801 Brickell Bay Dr.	
Add			Box 5	
X Remove			Miami, FL 33131	
2) Change	<u>D, P</u>	Emilio Garcia Mena	801 Brickell Bay Dr.	
X Add			Box 5	
Remove			Miami, FL 33131	
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add		<del></del>		
Remove				
6) Change				
Add				
Remove				

	dditional Artic if necessary).	(Be specific)			
				W 11	<u> </u>
				7	
· -					
<del> </del>					
	<u> </u>				
		<u> </u>			
					<u> </u>
f an amendment provid	les for an exch	ange, reclassifi	cation, or cance	ellation of issued	shares,
provisions for impleme	nting the amer	<u>ndment if not c</u>	ontained in the	amendment itsel	<u>f:</u>
(if not applicable, ir	ndicate N/A)				

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13 AUG -8 PM 1: 20

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Effective date if applicable:	
(no m	ore than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK O	<u>INE</u> )
☐ The amendment(s) was/were adopted by the shareho by the shareholders was/were sufficient for approval	
☐ The amendment(s) was/were approved by the shareh must be separately provided for each voting group of	
"The number of votes cast for the amendment(s	s) was/were sufficient for approval
by	
(voting gro	up)
■ The amendment(s) was/were adopted by the board of action was not required.	f directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorpo action was not required.	
Dated August 2, 201	I,3
Signature	1 Mu
	other officer – if directors or officers have not been or – if in the hands of a receiver, trustee, or other court a fiduciary)
Emilio G	Sarcia Mena
(*	Typed or printed name of person signing)
Director	President

(Title of person signing)