## P130000)45169

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C. LEWIS MAR - 5 2014 EXAMINER

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

Division of Corporations	
	AMONA INCORPORATED
DOCUMENT NUMBER: P13000	045169
The enclosed Articles of Amendment and	fee are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
PATRICIO	GONZALEZ E.A.
	Name of Contact Person
WELLING?	ON TAX SERVICES CO.
	Firm/ Company
1842 WILT	SHIRE VILLAGE DR
	Address
WELLING1	ΓON, FL 33414
	City/ State and Zip Code
TUNUYAN@B	ELLSOUTH.NET
	s: (to be used for future annual report notification)
For further information concerning this m	atter, please call:
PATRICIO GONZALEZ	at (561 ) 906-3413
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amo	ount made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of	
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporation P.O. Box 6327	ns Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

APPROVED AND FILED

## Articles of Amendment to Articles of Incorporation of

14 MAR -4 PM 4: 18

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## LA RAMONA INCORPORATED (Name of Corporation as currently filed with the Florida Dept. of State) P13000045169 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: 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 agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

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	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	PATRICIO C GONZALEZ	1842 WILTSHIRE VILLAG
<b>✓</b> Add			WELLINGTON, FL 33414
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			AL 480
Remove			
5) Change			
Add			
Remove			
<u></u>			
6) Change			<del></del>
Add			
Remove			

If amending or adding additional A	Articles, enter change	(s) here:		
Attach additional sheets, if necessar	y). (Be specific)			
<u> </u>				
AI/A		•		
W/F)				
/				
				•
		<del></del>		
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<u>If an amendment provides for an e</u>	xchange, reclassificat	tion, or cancellation	of issued shares.	
provisions for implementing the a (if not applicable, indicate N/A	mendment if not con-	tained in the amend	ment itself:	
(ij noi applicable, inaicale N/A	,			
10				
N/A				
		<del></del>		
			<del>-</del>	



The date of each amendment(s)	adoption: FEBRUARY 25, 2014	14 MAR -4 PM 4: 19	_, if other than the	
date this document was signed.	NA	SECRETARY OF STATE TALLAHASSEF FLORIDA		
Effective date if applicable: TALL AHABSET (no more than 90 days after amendment file date)				
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were act by the shareholders was/were s	dopted by the shareholders. The number sufficient for approval.	of votes cast for the amendment(s)		
	oproved by the shareholders through voti or each voting group entitled to vote sepa			
"The number of votes cas	st for the amendment(s) was/were suffici-	ent for approval		
by	(voting group)			
	(voting group)			
The amendment(s) was/were ac action was not required.	dopted by the board of directors without	shareholder action and shareholder		
The amendment(s) was/were accurate action was not required.	dopted by the incorporators without shar	eholder action and shareholder		
<sub>Dated</sub> FEBRU	JARY 25, 2014			
	100	•		
Signature	Mentha		<del></del>	
	director, president or other officer - if deed, by an incorporator - if in the hands of			
	nted fiduciary by that fiduciary)	of a receiver, trustee, or other court		
	MERCEDES VENANCIO			
	(Typed or printed na	ame of person signing)	_	
	PRESIDENT			
	(Title of per	rson signing)	<del></del>	