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JUN 13 2014

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ALFARO	W'S INC.		
DOCUMENT NUMB	ER: P13000046	552		
	of Amendment and fee are su			
Please return all corresp	oondence concerning this ma	tter to the following:		
	ISABELITA OF	RTEGA		
-		Name of Contact Person	n	
•	J & I TAXES & AC	COUNTING SER	VICES INC	
-		Firm/ Company		
:	2970 S JOG R	OAD		
_		Address		
(GREENACRE	S, FL 33467		
		City/ State and Zip Cod	e ·	
INF	O@PRESTIG	ETAXES.COM	И	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
ISABELITA	ORTEGA	_{at (} 561	, 318-5601	
Name o	f Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$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 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** of

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	-	,			

ALFAROW'S INC

(Name of Corporation as currently filed with the Florida Dept. of State)
P1300046552

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florts Articles of Incorporation:	orida Statutes, tilis Fra	oriaa Frojii Corporation add	ppis the following amendin
A. If amending name, enter the new name of the	ie corporation:		
			The new
ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation "Coord "chartered," "professional association," or	Corp," "Inc," or "Co	". A professional corporat	ated" or the abbreviatio ion name must contain th
. Enter new principal office address, if applic Principal office address <u>MUST BE A STREET</u>			·
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>: BOX</u>)		
. If amending the registered agent and/or reg	istered office addres	s in Florida, enter the name	e of the
new registered agent and/or the new registe	red office address:		
Name of New Registered Agent			
	(Florida street		
	(r tortaa street	adaress)	
New Registered Office Address:		, Florida	
	(City)		(Zip Code)
ew Registered Agent's Signature, if changing	Registered Agent:		
hereby accept the appointment as registered age.		h and accept the obligations	of the position.
Sionature c	of New Registered Age	ent 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	$\underline{\mathbf{v}}$	Mike Jones	·
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	Р	FIDEL ALFARO	1404 FAIRWAY CIR
Add			GREENACRES, FL 33413
Remove			
2) Change	Р	RUDIS CRUZ	2917 ALABAMA ST
Add			WPB, FL 33406
Remove			<i>.</i>
3) Change			
Add			
Remove		•	
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	1	- Action to the second	
Remove			
I FIGHIOAC			

	<mark>g or adding ad</mark> tional sheets, if	f necessarv).	(Be specific)			
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The date of each amendment(s) a	doption: 05/01/2014	, if other than the
date this document was signed.		<i>·</i>
Effective date if applicable:		_
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adby the shareholders was/were st	opted by the shareholders. The number of votes east for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement 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)	
The amendment(s) was/were adeaction was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder	
Dated 05/27/2	014	
Signature	tichel offero	
selecte	frector, president of other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	· , ·
	FIDEL ALFARO	
	(Typed or printed name of person signing)	_
	PRESIDENT	•
	(Title of person signing)	