## P130000047327

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13 JUL -5 PM 2: 20

SECRETARY OF STATE
PIVISION OF CORPORATION

'JUL' - '9 2013

T. BROWN

## **COVER LETTER**

TO: Amendment Section Division of Corporations

Please return all correspondence concerning this matter to the following:  Carlos I Aguilar  Name of Contact Person  Boyd & Jenerette, PA  Firm/ Company  801 Brickell Avenue Suite 1440  Address  Miami, FL 33131  City/ State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Carlos Aguilar  Name of Contact Person  Enclosed is a check for the following amount made payable to the Florida Department of State:  \$\begin{align*} \text{335 Filing Fee} & Certificate of Status (Additional copy is enclosed) (Additional Copy (Additional Copy)}  \end{align*}	NAME OF CORPORATION: CORSORCI	O IBRARAY, IN	IC.		
Please return all correspondence concerning this matter to the following:    Carlos   Aguilar	DOCUMENT NUMBER: P13000047327		<del></del>		
Carlos I Aguilar  Name of Contact Person  Boyd & Jenerette, PA  Firm/ Company  801 Brickell Avenue Suite 1440  Address  Miami, FL 33131  City/ State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Carlos Aguilar  Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  \$\begin{align*} \text{S35 Filing Fee} \text{Certificate of Status} \text{Certificate of Status} \text{Certificate Opy (Additional Copy (Additional Copy (Additional Copy)}	The enclosed Articles of Amendment and fee are sub-	mitted for filing.			
Name of Contact Person  Boyd & Jenerette, PA  Firm/ Company  801 Brickell Avenue Suite 1440  Address  Miami, FL 33131  City/ State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Carlos Aguilar  Name of Contact Person  Page 1305  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  S35 Filing Fee  Certificate of Status  Certificate Opy  (Additional copy is enclosed)  Additional Copy  (Additional Copy	Please return all correspondence concerning this matter	er to the following:			
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Address  Miami, FL 33131  City/ State and Zip Code  Carlos Aguilar  Name of Contact Person  Enclosed is a check for the following amount made payable to the Florida Department of State:  \$\begin{align*}	Boyd & Jenerette,	PA			
Address  Miami, FL 33131  City/ State and Zip Code  Concentrated address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Carlos Aguilar  Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  State State and Zip Code  Contact Person  at (305) 537-9111  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  Certificate of Status  Certificate of Status  Certificate of Status  Certificate Opy  (Additional copy is enclosed)  (Additional Copy  (Additional Copy		Firm/ Company			
City/ State and Zip Code  Compared to the Compared to the Florida Department of State:    305	801 Brickell Avenu	ue Suite 1440			
City/ State and Zip Code  City/ State and Zip Code  Company Teverete Compa	** ***********************************	Address			
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Carlos Aguilar  Name of Contact Person  The future annual report notification and payable to the Florida Department of State:  State:  \$305	Miami, FL 33131				
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Carlos Aguilar  Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  \$\Begin{array}{c} 305 \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	E-mail address: (to be use	ed for future annual report	notification)		
Carlos Aguilar  Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  \$\Begin{array}{c} 305 \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
Enclosed is a check for the following amount made payable to the Florida Department of State:  \$\Bigsize{\text{3.75 Filing Fee}} \Bigsize{\text{\$\text{\$\text{\$\text{Certificate of Status}}}} \Bigsize{\text{\$\}\$\$}	For further information concerning this matter, please	e call:			
Enclosed is a check for the following amount made payable to the Florida Department of State:  \$\Bigsize{\text{3.75 Filing Fee}} \Bigsize{\text{\$\text{\$\text{\$\text{Certificate of Status}}}} \Bigsize{\text{\$\}\$\$}	Carlos Aguilar	at (305	<sub>)</sub> 537-9111		
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee \& Certificate of Status (Additional copy is enclosed) \$\bigcup \\$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)	Name of Contact Person	Area Co	de & Daytime Telephone Number		
Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy	Enclosed is a check for the following amount made p	ayable to the Florida Depa	artment of State:		
is enclosed)		Certified Copy (Additional copy is	Certificate of Status Certified Copy		
Mailing Address Street Address		644	<u>Address</u>		
Amendment Section Amendment Section	Mailing Address				
Division of Corporations  Division of Corporations	Amendment Section	Amend			
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle	Amendment Section Division of Corporations	Amend Division	on of Corporations		

2661 Executive Center Circle Tallahassee, FL 32301



June 18, 2013

CARLOS I AGUILAR BOYD & JENERETTE, PA 801 BRICKELL AVE STE 1440 MIAMI, FL 33131

SUBJECT: CORSORCIO IBRARAY, INC.

Ref. Number: P13000047327

We have received your document for CORSORCIO IBRARAY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Letter Number: 613A00015318

Teresa Brown
Regulatory Specialist II

www.sunbiz.org

## Articles of Amendment to Articles of Incorporation of

13 JUL -5 PM 2
13 JUL CORPORATE
13 JUL -5 PM 2:20

CORSORCIO IBRARAY, INC.	3 p	PM 2:20
(Name of Corporation as currently filed with the Flor	rida Dept. of State)	<i>\Z</i> ()
P13000047327		
(Document Number of Corporation (if k	nown)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adopts the following amen	ndment(s) to
A. If amending name, enter the new name of the corporation:		
CONSORCIO IBRARAY, INC.	The	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain	ation n the
B. Enter new principal office address, if applicable:	NOT APPLICABLE	
(Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NOT APPLICABLE	
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the	
new registered agent and/or the new registered office address:	_	
Name of New Registered Agent NOT APPLICABL		
(Florida stree	et address)	
New Registered Office Address:	, Florida	
(Ciŋy)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with	ith 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			NOT APPLICABLE
Add			
Remove			
2) Change			
Add			
Remove	,		
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			·
Add			
Remove			
6) Change			
Add			
Remove			

If amending of (Attach addition)	r adding additional Artic nal sheets, if necessary).	es, enter change (Be specific)	<u>(s) here</u> :		
	LICABLE	(Be specific)			
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If an amends	nent provides for an exchaor implementing the amen	inge, reciassifica dment if not con	tion, or cancella tained in the am	<u>tion of issued sn:</u> iendment itself:	ares,
	oplicable, indicate N/A)				
OT APP	LICABLE				
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The date of each amendment(s) a	6-6-13	
	OT APPLICABLE	
Directive date in applicable.	(no more than 90 days	after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number ufficient for approval.	er of votes cast for the amendment(s)
, .	proved by the shareholders through vor each voting group entitled to vote se	
"The number of votes cas	t for the amendment(s) was/were suffic	cient for approval
by NOT APPLIC	CABLE	"
	(voting group)	·
DatedSignature	director aresident or other officer – if ed, by an incorporator – if in the hands nted fiduciary by that fiduciary)	directors or officers have not been
	Carlos I Aguilar (Typed or printed name of	of nerson signing)
		•
	Registered Agent/Inc	<del>`</del>
	(Title of person signing	ig)