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SECRETARY OF STATES

SEP. 24 2013

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	LVADARTE	y SOLUT	YOU S	CO 0 202 07104
NAME OF CORPORATION:				
DOCUMENT NUMBER:	P 13 00	006007	<u> </u>	
The enclosed Articles of Amendme	ent and fee are submitted	l for filing.		
Please return all correspondence co	ncerning this matter to t	he following:		
	RAFA	EL RIJE	a S	
	Nar	ne of Contact Person	1	
	8961 5	Firm/ Company 2 1 5 4	h TE	RACE
	CUTLE	Z B Ay // State and Zip Code	FL	33189
E-mail	Trivas @ address: (to be used for	importe, future annual report	notification	tions.com
For further information concerning	this matter, please call:			
RAFAEL R Name of Contact Pe	NAS erson	at (786 Area Coo		2 - 2202 ne Telephone Number
Enclosed is a check for the following	ng amount made payable	to the Florida Depa	rtment of St	ate:
	icate of Status Ce (A	3.75 Filing Fee & crtified Copy dditional copy is closed)	Certific Certifie	onal Copy
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address ment Section of Corpor Building xecutive Ce	ations

Tallahassee, FL 32301

FILED

Articles of Amendment Articles of Incorporation

18 SEP 17 PH 3: 13

SECRETARY OF STATES
CORPORATION SECRETARY OF STATES
CORPORATION SECRETARY OF STATES of LHOITUJOZ IM PORTEY

(Name of Corporation as currently filed with the Florida Dept. of State)	
P13000060027	
(Document Number of Corporation (if known)	

dment(s) to

If amending name, enter the new name of t	- · · · · · · · · · · · · · · · · · · ·	T
me must be distinguishable and contain the Corp.," "Inc.," or Co" or the designation "ord "chartered," "professional association," o	e word "corporation," "company," or "incorpor "Corp." "Inc," or "Co". A professional corpora or the abbreviation "P.A."	orated" or the abbrution name must con
Enter new principal office address, if appli rincipal office address <u>MUST BE A STREET</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX) P A	
If amending the registered agent and/or re new registered agent and/or the new regist	egistered office address in Florida, enter the nat	ne of the
	N 1 A	-
	(Florida street address)	-
New Registered Office Address:	(City), Florida	

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	PT John I	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
<u>X</u> Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	Title	Name	Address
1) Change		SANCHEL, NINETTE	379 JUSTERNACE
Add			CUTLER BAY FL 33189
Remove			
2) X Change	I	RIVAS, RAFAEL	8961 SW ZISTERNACE
Add			CUTLER DAY FL 33189
Remove 3) Change	CEO	RIJAS, RAFAEL	8961 SW ZIS TEANAC
X Add			CUTLER BAY FL 33189
Remove			
4) Change		NIA	
Add			
Remove			
5) Change		NA	
Add			
Remove		,	
6) Change		NA	
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shar provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate NA)	
If an amendment provides for an exchange, reclassification, or cancellation of issued shar provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
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MIO	
	

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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 adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated SEP 13 2013	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
PAFATL RNAS (Typed or printed name of person signing)	_
(Typed or printed name of person signing)	
TREASURER	
(Title of person signing)	