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R. WHITE

SECKETARY OF STATE ALLADASSEE, FLORDA

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: NAME OF CORPORATION:
DOCUMENT NUMBER: 130000 67977
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following: WRIS MARGANITA MONTOTO DE Zoyas Name of Contact Person
14012 S.W. 167 TERNACE
14012 S.W. 167 TERNACE MIAMI FL 33177
City/ State and Zip Code
NB8CORP Dhotmall. COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Name of Contact Person Name of Contact Person
Name of Contact Person
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certificate Of Status Certificate Of Status (Additional copy is enclosed) 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

FILED

Articles of Incorporation NSV 18 FH 4: 18 ly filed with the Florida Dept. of State) (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 Office Address: Florida (City) (Zip Code) 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> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One) 1) Change Add Remove	Title	Yesowin J Delacnz	Address 14012 S.W. 167 Terrace, MIANI FC 33177
2) Change Add Remove	P	De ZAYAS	14012 SW 167 Terlace, MIANI FO 33177
Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

E. <u>II a</u> Atı	mending or adding additional Articles, enter change(s) here: ach additional sheets, if necessary). (Be specific)
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F. <u>If a</u>	n amendment provides for an exchange, reclassification, or cancellation of issued shares,
pr	ovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
	(if not applicable, marcale 1071)
	11/6
	N/A

The date of each amendment(s) addate this document was signed.	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
action was not required.	pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder	
Dated ///	13/13	
	rector, president or other officer – if directors or officers have not been	
	d. by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary) (esence I a a a a a a a a a a a a a a a a a a	
	(Typed or printed name of person signing)	
	(Title of person signing)	_