## P130000711004

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION:		RE AND DESIGN, INC	
DOCUMENT NUM	<sub>BER:</sub> P1300007160	4		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	ANGEL D CORD	OVA		
		Name of Contact Person		
	ANGEL D CORD	OVA & CO		
		Firm/ Company		
	780 N.W. 42 AVE	ENUE STE 325		
	Address			
	MIAMI, FL 3312	6		
		City/ State and Zip Cod	e	
AF	R@ACORDOVA.C	OM		
	_	sed for future annual report	notification)	
For further information	For further information concerning this matter, please call:			
ANGEL D. C	ORDOVA	at (305	, 444-5511	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department 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			Address	
Amendment Section Division of Corporations		Amendment Section Division of Corporations		
P.O. Box 6327		Clifton Building		
Tallahassec, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301		

## Articles of Amendment to Articles of Incorporation of

## JETHRO REBOLLAR ARCHITECTURE AND DESIGN, INC.

	filed with the Florida Dept. of State)	
P13000071604	•	
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	da Statutes, this <i>Florida Profit Corporation</i> adop	ots the following amendment(s) t
A. If amending name, enter the new name of the	corporation:	
REBOLLAR DESIGN, INC.		The new
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or the	p," "Inc," or "Co". A professional corporation	ited" or the abbreviation
B. Enter new principal office address, if applicab		
(Principal office address MUST BE A STREET AL	ODRESS )	3
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>ox</u> )	1 M 16 M 19 05
D. If amending the registered agent and/or regist new registered agent and/or the new registered  Name of New Registered Agent  N/A	ered office address in Florida, enter the name I of fice address:	
	(Florida street address)	
New Registered Office Address: N/A	, Florida	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Relatively accept the appointment as registered agent.		of the position.

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		
_ <u>X</u>	<u>sv</u>	Sally Smith		
		<u>Name</u>		<u>Addres</u> s
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addies</u> s
1) Change		N/A		
Add				
Remove				
2) Change				
				<del></del>
Add				
Remove				
3) Change				
Add				
Remove				
,				
4) Change		<del></del>	<del></del>	
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		<u> </u>		
Add				
Pamova				

(rituell	nding or adding additional Art additional sheets, if necessary).	ticles, enter change(s) here: . (Be specific)
N/A		
-		
	. "	
. <u>If an a</u> nrovi	imendment provides for an exc isions for implementing the am	change, reclassification, or cancellation of issued shares, tendment if not contained in the amendment itself:
(/	if not applicable, indicate N/A)	
N/A		

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 east for the amendment(s) was/were sufficient for approval	
by	
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	
(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)	_
JETHRO REBOLLAR	
(Typed or printed name of person signing)	_
PRESIDENT	
(Title of person signing)	_