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## **COVER LETTER**

TO: Amendment Section Division of Corporations			
NAME OF CORPORATION: VISTA LATIN, INC			
DOCUMENT NUMBER: 1713000080864			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:  Rect 29  Name of Contact Person  Pirm/Company  Sold  Address  Hidleah + 33012  City/ State and Zip Code  done Som+ 6 bollowth. Not			
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:			
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:			
Certificate of Status  Certificate of Status			
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			

Articles of Am	iendment	FILED
to Articles of Inco	orporation 13	DEC 12
(Name of Corporation as currently filed with the Flo	SECONDO JALLE	DEC 13 PH 3:37  PTARY OF STATE  PASSEE, FIRST
(Document Number of Corporation (if		- COMUN
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Torida Profit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the corporation:		
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	_The new bbreviation contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	7950 NW 53 <sup>rd</sup> St Ste. 337 Miami. FL 33166	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7950 xW 53xd St Ste 337	
•	Miami, 72 33/66	_
D. If amending the registered agent and/or registered office addressive new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	
Name of New Registered Agent		
(Florida stree	ot address)	
New Registered Office Address:		
New Registered Agent's Signature, if changing Registered Agent:	, Florida (Zip Code)	-
I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position.	

Signature of New Registered Agent, if changing

The date of each amendment(s) adoption:  date this document was signed.  Effective date if applicable:  (no more than 90 days after amendment file date)	, if other than the
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	
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)	_
(Typed or printed name of person signing)	_ <del>_</del>
(Title of person signing)	······································