

MAR/30/2015/MON 11:49 AM

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P.001

Division of Corporations

Florida Department of State  
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**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
TECHCELL, CORP.**

Certificate of Status	0
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Amend  
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RECEIVED  
15 MAR 30 AM 11:36  
DIVISION OF CORPORATIONS  
FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

TECHCELL, CORP.

(Name of Corporation as currently filed with the Florida Dept. of State)

P14000006270

(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:**

HM 2051 CORP.

*The new 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/o 255 ALHAMBRA CIRCLE

SUITE: 500

CORAL GABLES, FL 33134

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

c/o 255 ALHAMBRA CIRCLE

SUITE: 500

CORAL GABLES, FL 33134

**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 ARAGON REGISTERED AGENTS, INC.

255 ALHAMBRA CIRCLE, SUITE: 500

(Florida street address)

New Registered Office Address: CORAL GABLES, Florida 33134

(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.*

*Mayra Fernandez*  
Signature of New Registered Agent, if changing

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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 Doe  
  
X Remove                      V      Mike Jones  
  
X Add                              SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P/D</u>	<u>Joseline Parrales</u>	<u>13454 SW 177th Terr.</u> <u>Miami, FL 33177</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P/D</u>	<u>Juan Pablo Herrera Molina</u>	<u>c/o 255 Alhambra Circle</u> <u>Suite: 500</u> <u>Coral Gables, FL 33134</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S/D</u>	<u>Luis Pedro Herrera Molina</u>	<u>c/o 255 Alhambra Circle</u> <u>SUITE: 500</u> <u>Coral Gables, FL 33134</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T/D</u>	<u>Claudia Maria Herrera Molina</u>	<u>c/o 255 Alhambra Circle</u> <u>Suite: 500</u> <u>Coral Gables, FL 33134</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

(Attach additional sheets, if necessary). (Be specific)

[illegible]

(if not applicable, indicate N/A)

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The date of each amendment(s) adoption: MAY 13, 2014, 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 \_\_\_\_\_

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)

Joseline Parrales

(Typed or printed name of person signing)

P/D

(Title of person signing)