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R. WHITE

COVER LETTER

TO: Amendment Section ' Division of Corporations

NAME OF CORPORATION: MIAMI BUG-ESS CONSULTING, INC					
DOCUMENT NUMBER: 71400006307					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
AUELADRO AGUILLAZ					
Name of Contact Person					
Firm/ Company					
50 BISCAYNE BLVD, #3303,					
Address					
MIAMI, FL, 33132					
City/ State and Zip Code					
AUEJANDROBUS-MBC.COM					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
AUE MORO AGUILLE at (786) 5/05850					
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:					
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301					

Articles of Amendment to Articles of Incorporation

MiAMI BUSINESS CONSULTING, INC	FILED
(Name of Corporation as currently filed with the Florida Dept. of State)	14 JUL 14 M 10: 03
(Document Number of Corporation (if known)	7 ALLAHAN EN, FLOS DA

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." 14 NE 15T AV. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) MIAMI F1. 33132 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) , Florida_ New Registered Office Address: (City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent: Thereby 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 = Treusurer; 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, Treusurer, 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.

X Change	PT John I	<u>Doe</u>	
X Remove	V Mike.	<u>Jones</u>	
\underline{X} Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<u>SY</u>	LEOPOJO BRICENO	234 NE 3ED ST
Add		And w	234 NE 3ED ST STE 805, MIAMI,
Remove		A 67 1	FL, 33/32
2) Change		FEDERICO LALUZ	10 ARAGON AU. #801
Add			Coral GABLES Fl. 33134
Remove		TENERICO LALVA	
3) Change	3	FEDERICO LALUZ	10 ARAGON AV. #801
Add			CORAL GABLES FL.3313L
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
Channe			
6) Change Add			
Remove			
i i Kelliove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
1 .
<i></i>
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
1
J

The date of each amendment(s) adoption: date this document was signed.	, if other than the
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)	
AU MIRO AGUILAR	
(Typed or printed name of person signing)	
lasioent.	
(Title of person signing)	