P1400031981

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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9/17/14

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATTIONS AS AS	`+. A.1'.	7 + 1 1:41-11 +	1.
DOCUMENT NUMB	er: <u>P140000</u>	31 9BI	enter of Little Huiti	inc
	f Amendment and fee are su	•		
Please return all corresp	oondence concerning this ma	tter to the following:		
	tuis de	Loman		
-		Name of Contact Person	n	
-		Firm/ Company		
-	7050 NIE	20d Aug Address		
-	Mianii 1	2 33/38 City/ State and Zin Cod	e	
For further information		ed for future annual report		
luis de	Loman	at (<u>30</u> 5) <u>606-6494</u> de & Daytime Telephone Number	_
Name o	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)	
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

FILL			
	RM	2:	48

of Little No. 1 Inc. 1 ith the Florida Dept. of State) P140000 31981
(Document Number of Corporation (if known)

ndment(s) to

tursuant to the provisions of section 607.1006, F is Articles of Incorporation:	iorran Sanares, mis Fronta Frogra	Corporation due	pio me ionoving amone
A. If amending name, enter the new name of t	he corporation:		
			The
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "professional association," o	Corp." "Inc," or "Co". A profe.		
3. Enter new principal office address, if appli	cable:		
Principal office address <u>MUST BE A STREET</u>			
. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<i>E BOX</i>)		
			
	4 		· · · · · · · · · · · · · · · · · · ·
. If amending the registered agent and/or re	gistered office address in Florida	. enter the name	e of the
new registered agent and/or the new regist			
Name of New Registered Agent			
Name of New Register tu Agent			
·	(Florida street address)		
	(Piorida street address)		
New Registered Office Address:	(C)	, Florida_	(7) (C. J.)
	(City)		(Zip Code)
ew Registered Agent's Signature, if changing	Degistered Agent		
hereby accept the appointment as registered ag		t the obligations	of the position.
	•	_	-
	of New Registered Agent, if chang	• .	

· 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	ı <u>Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sally	y Smith	•
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add		Josefa L. Binker M.D.	7050 NOTE 22 Aug
Remove 2) Change Add	<u> </u>	Roberto J. Duenas	7050 NIE ZNE AUG MIRMIT, FE 33138
Remove 3) Change Add Remove	<u>Cño</u>	Miguel Curbelu	1050 NIE Z 12 Aug Midmi, FL 33138
4) Change		 	
Change Add			
Remove 6) Change Add Remove			

	adding additional Artial sheets, if necessary).	(Be specific)			
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			و بندر		
r an amendme	nt provides for an exch implementing the ame	lange, reclassi	ilication, or ca	ncellation of issued sn	ares.
(if not ann	licable, indicate N/A)	nument a not	contained in c	ne amendment usen.	
(i) not upp	irodoro, maroaro i mily				
					·
					

The date of each amendment(s) add	option:	, 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 adop by the shareholders was/were suff	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
The amendment(s) was/were appr must be separately provided for e	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	oted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adoption was not required.	oted by the incorporators without shareholder action and shareholder	
Dated 8/2	6/14	
Signature	Mrs Controller officer if directors or officers have not been	
(Dy a-un	ector, president or other officer – if directors or officers have not been, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ed fiduciary by that fiduciary)	
_	Miguel Curbelo (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
_	(Title of person signing)	
	(Title of person signing)	