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- DIVISION OF CORPORATION

C. LEWIS

AUG 7 2014

EXAMINER

COVER LETTER

TO: Amendment Section

Division of Corporations

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: <u>OYONOLE COYL</u> DOCUMENT NUMBER: <u>D140003U597</u>	MD					
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Jelitza Oliveras Name of Contact Po	erson					
Firm/ Company	<i>y</i>					
(1900) South O.B.T. Suite 200						
Address						
0+1an010 fl 32809						
City/ State and Zip Code						
E-mail address: (to be used for Juliure annual report notification)						
For further information concerning this matter, please call:						
Jelita Oliveras Name of Contact Person Arc Arc	145-4763 a Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida						
\$\square\$ \$\squa	& \$\square\$\$ \$52.50 Filing Fee Certificate of Status					
Mailing Address St	reet Address					

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

FILED SCOPETARY OF STATE DIVISION OF CORPORATIONS

Articles of Amendment

	Articles of Incorp	oration	14 JUL 25	AH11: 04
Drange Co	re MI	Tra		
(Name of Corporation as current	ly filed with the Flori	da Dept. of State)	<u></u>	
DIHODOSIA	2 02			
(Document Number	er of Corporation (if kn	own)		
	•			
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	orida Statutes, this <i>Flo</i>	rida Profit Corporatio	on adopts the follo	owing amendment(s) to
A. If amending name, enter the new name of th	e corporation:			
	-			The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	Corp," "Inc," or "Co	'. A professional con	corporated" or the poration name m	ne abbreviation
B. Enter new principal office address, if applic (Principal office address <u>MUST BE A STREET</u>)				
	-			
	.			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>(BOX)</u>			
	-			
D. If amending the registered agent and/or reg new registered agent and/or the new registered	<u>istered office address</u> red office address:	in Florida, enter the	name of the	
nen repute a gent wite of the new repute	rea office accuross.			
Name of New Registered Agent				
	(Florida street i	address)		
	12 10/144 2// 00/	·		
New Registered Office Address:	(City)	, Flo	rida (Zip Code	
	(Cily)		12.0	,
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		and accept the oblige	ations of the positi	ion.
	CMD	or if alamani		
Signature o	of New Registered Age	u, ij 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)

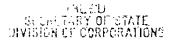
Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = 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 Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jos	<u>nes</u>	
X Add	<u>sv</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
Change Add Remove	P	\	Herocliof. Castro Jr Mi	0.B.T. Suite 300 Orlando fl 32809
2) Change Add Remove	P	_	Heraclio Farro Castro	1900 South UBT. Suite 300 Oxlando Fl 3280
Change Add Remove		_		
4) Change Add Remove				
5) Change Add Remove				
6) Change Add Remove		_		

	or adding additional Artional sheets, if necessary).	(Be specific)			
					
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-					
····					•
f an amend	ment provides for an exc	hange, reclassifica	tion, or cancellatio	n of issued shares,	
provisions !	for implementing the am	endment if not con	tained in the amen	dment itself:	
(i) not a	pplicable, indicate N/A)				
-					
- 0					
	·				
	·				



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)
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 ."
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.
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)
HERACLIO FARRO CASTRO
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)