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COVER LETTER

Division of Corporations NAME OF CORPORATION: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

Micheus Torres, ESQ. Name of Contact Person
TORRES + VADILLO, LLP
Firm/ Company
11402 NW 41 St #202
Address
MIAMI ,FL 33178
City/ State and Zip Code
Michelle Storresvadillollp.com E-mail address: (to be used for future annual report notification)
E-man address. (to be used for future annual report notification)

For further information concerning this matter, please call:

TO: Amendment Section

Xiomara	_at(305) 485-970D
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 □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS

(Name of Cornoration as currently filed with the Florida Dept. of State) P 1 4 D D D S S H S (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: The new mane must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Corp." "Inc." or "Co". A professional corporation name must contain the word "charactered." "professional association," or the abbreviation "P.A." B. Eater new principal office address, if applicable: (Principal affice address MAYBE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAYBE A POST OFFICE BOX) D. If amending the registered agent and/or the new registered office address: Name of New Registered Agent (Florida stress address) New Registered Office Address: (City) 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.		nf	14 NOV 10	AM 9: 20
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Signature of New Registered Agent, if Changing	Signature of New Requision	d Avent 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 = 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 X Remove X Add	<u>PT John l</u> <u>V Mike</u> <u>SV Sally</u>	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Add Remove	D/P		520 Brickell Kay Drive #1714 Many, Fc 33131
2)Change	D/VP	Julia U Saab Ander	ry 520 Brickell Key Drive #1714
Remove			Many Fr 33131
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
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6) Change			
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an amendn	nent provides for or implementing	an exchang	<u>e, reclassifi</u>	cation, or can	<u>icellation of i</u>	ssued share	<u>s,</u>
provisions for	or implementing	the amendm	ient if not co	ontained in th	<u>ie amendmer</u>	it itself:	
(ij noi uļ	pplicable, indicate	; (V/A)					
				- 			

FILELY SECRETARY OF STATE DIVISION OF CORPORATIONS

The date of each amendment(s) adoptio	ni:	, if other than the
date this document was signed.	14 NOV 10 AM 9: 20	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	· ·
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes east for the amendment(s) nt for approval.	
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for th	e amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
Dated10/3	1/2014 Supplies tack	
Signature X	AUSTRA	
(By a directe selected, by	or, president or other officer - if directors or officers have not been an incorporator - if in the hands of a receiver, trustee, or other court duciary by that fiduciary)	
	Angel M Auad Saab (Typed or printed name of person signing)	_
	Director/President (Title of person signing)	