## P14000087500

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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NOV 2 0 2013

C. CARROTHERS

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: $\Delta S$	Duigns de Cinda Developmen
DOCUMENT NUMBER: P14000	087500
The enclosed Articles of Amendment and fee a	are submitted for filing.
Please return all correspondence concerning the	is matter to the following:
Dulce	Name of Contact Person
<del></del>	Firm/ Company
1830 Socea	WDR Suite 3010
., ./ 1.1	Address
Hallandal	E BRACH My 33009 City/ State and Zip Code
E-mail address (to	be used for future annual report notification)
For further information concerning this matter,	please call:
DUICE Maria Fig Name of Contact Person	MCrOq at (780), 220-6271  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount n	nade payable to the Florida Department of State:
\$35 Filing Fee	
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

Las Amiacis de C	inda Development I	~~
(Name of Corporation as currently filed with t	the Florida Dept. of State)	_1
Dullong 2760	the Piorida Dept. of State)	
<u> </u>	0.00	
(Document Number of Corporati	tion (11 known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, ts Articles of Incorporation:	, this Florida Profit Corporation adopts the following amend	dment(s) to
A. If amending name, enter the new name of the corporation	on:	
	<u> </u>	PRINCIPAL STATES
name must be distinguishable and contain the word "corpo	oration " "company" or "incorporated" or the abbrevia	new ****
"Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.,"		
word "chartered," "professional association," or the abbreviat	ution "P.A."	i Ci
B. Enter new principal office address, if applicable:		٥
(Principal office address <u>MUST BE A STREET ADDRESS</u> )		√) \$59
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	
	<del></del>	
D. If amending the registered agent and/or registered office	e address in Florida, enter the name of the	
new registered agent and/or the new registered office ad-		
Name of New Registered Agent		
(Flori	rida street address)	
V D 100 411	71 . 1	
New Registered Office Address:	, Florida (City) (Zip Code)	
New Registered Agent's Signature, if changing Registered A		
I hereby accept the appointment as registered agent. I am fam	niliar with and accept the obligations of the position.	
Signature of New Registe	tered 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 = 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.

Examples	ana san	iy əmiin,	SV as an Aaa.	
Example: X Change	<u>PT</u>	John Do	<u>.</u> <u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally St	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	P	_	Dulce M. Figue	100 <u>a 1830 S. Occ</u> an Dr.
Add			V	<u>Unit 3010</u>
Remove				MUNUME BELONFE 3309
2) Change	<u>VP</u>	_	Antonio Consen	Hino 1830 S. Ocean Dr.
Add				<u>unit.3010</u>
Remove				Halandale Bch. Flavo
3) Change		_		3500
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)
<del>-</del>	
16	
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

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):	nan the
Adoption of Amendment(s)  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	
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by the shareholders was/were sufficient for approval.  The amendment(s) was/were approved by the shareholders through voting groups. The following statement	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
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	
(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)	
DUICE M. FIQUETOQ  (Typed or printed name of person signing)	
President (Title of person signing)	