Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H150000598563)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: CORPORATE CREATIONS INTERNATIONAL INC. Account Name

Account Number : 110432003053

Phone

: (561)694-8107

Fax Number : (561)694-1639

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

| Email | Address: | | | |
|-------|----------|--|--|--|
| | | | | |
| | | | | |

COR AMND/RESTATE/CORRECT OR O/D RESIGN A.ESTRADA ENTERPRISES INC

Certificate of Status 0 Certified Copy Õ Page Count 05

Estimated Charge \$35.00

Articles of Amendment to Articles of Incorporation

A.ESTRADA ENTERPRISES INC

(Name of Corporation as currently filed with the Florida Dept. of State)

lment(s) to

| (Document Number of Corporation | (if known) | |
|---|--|--|
| Pursuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation: | is Flarida Prafit Corporation adopts the following | |
| . If amending name, enter the new name of the corporation: | | |
| ame must he distinguishable and contain the word "corporal Corp.," "Inc." or Co.," or the designation "Corp.," "Inc." or ord "chartered," "professional association," or the abbreviation | "Co". A professional corporation name must | |
| Enter new principal office address, if applicable; | 11309 WICKERSLEY PLACE | |
| rincipal office address <u>MUST BE A STREET ADDRESS</u>) | TAMPA, FL 33625 | |
| | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 11309 WICKERSLEY PLACE | |
| | TAMPA, FL 33625 | |
| If amending the registered agent and/or registered office ad | | |
| | | |
| new registered agent and/or the new registered office address Name of New Registered Agent | | |
| new registered agent and/or the new registered office address Name of New Registered Agent | street address) | |
| new registered agent and/or the new registered office address Name of New Registered Agent | street address) | |

| 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 bei | ng added: |

(Attach additional sheets, if necessary)

Please note the afficer/director title by the first letter of the affice 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 Doo 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>P'T</u> | John Doe | |
|-------------------------------|------------|--|------------------------|
| X Remove | <u>v</u> | Mike Jones | |
| _X Add | <u>SV</u> | Sally Smith | |
| Type of Action (Check One) | Title | <u>Namc</u> | Address |
| 1) Change | P | ESTRADA, ANTHONY | 11309 WICKERSLEY PLACE |
| Add | | | TAMPA, FL 33625 |
| Remove | | | |
| 2) Change | | | |
| ∧dd | | | |
| Remove | | | |
| 3) Change | | ······································ | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | - Value | |
| Add | | | |
| Remove | | | |

| . If amending or adding additional Articles, et (Atlach additional sheets, if necessary). (Re s | nter change(s) here: specific) | |
|--|--|--|
| The incorporator's address is amended to: 11309 WICKERSLEY PLACE, TAMPA, FL 33625. | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | 764 | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | 100000000000000000000000000000000000000 | |
| | | |
| If an amendment provides for an exchange, provisions for implementing the amendmen (if not applicable, indicate N/A) | reclassification, or cancellation of issued shares, nt if not contained in the amendment itself: | |
| 7.4. | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| The date of each amendment(s) adoption: | , if other than the |
|--|---------------------|
| date this document was signed. | |
| Effective date if applicable: | |
| (no more than 90 days after amendment file date) | |
| Adoption of Amendment(*) (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" | |
| (voling 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 03/09/2015 | |
| 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) | _ |
| Kathleen A. Lange | |
| (Typed or printed name of person signing) | |
| Attorney-in-Fact | |
| (Title of person signing) | |