P5000035132

(Re	equestor's Name)			
(Address)				
(Ac	idress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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COVER LETTER

Division of Corporations						
NAME OF CORPORATION: ESPACIOS ACUCATICOS CORP DOCUMENT NUMBER: P15000035132						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Najth 5 Seguias Name of Contact Person						
Firm/ Company						
7969 NW 2Th St # 203						
Address						
Miami, FL 33/26						
City/ State and Zip Code						
E-mail address: (to be used for future annual report notification)						
Sillen and ess. (es se asea in faid a minual report normality)						
For further information concerning this matter, please call:						
Nay 5 Seguras at 786 678 - 9748 Name of Contact Person Area Code & Daytime Telephone Number						
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 Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)						

TO: Amendment Section

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 of



Espacios Acuatica	os Cor	15 AUG 11 PM 1: 12
(Name of Corpo	oration as curre	ally filed with the Florida Dept. of State)
P150000.35/32	<u> </u>	
		r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	lorida Statutes, th	nis Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of t	he corporation:	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "(word "chartered," "professional association," or	Corp," "Inc," or	The new tion," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the n "P.A."
B. Enter new principal office address, if applie (Principal office address MUST BE A STREET		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>E BOX</u>)	
D. If amending the registered agent and/or re- new registered agent and/or the new regist		
Name of New Registered Agent		
	(Florida	street address)
New Registered Office Address:		, Florida
		(City) (Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag		ent: ar with and accept the obligations of the position.
	Signature of New	w Registered 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)

Remove

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 D	<u>0e</u>	
X Remove	<u>v</u>	Mike J	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
l)Change	VP	_	Luis E CORREG ARROY	0
Add				7969 WW 2th 51 # 203 Miami, FC 33126
Remove				Miami, FL 33126
2) Change	.,,	_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		<u></u>		
Add				

The date of each amendment(s) adoption:	8-1-15	, if other than the
date this document was signed.		SECRETARY OF STATE
Effective date if applicable:	8-1-15	DIAIDING OF MORE SEVERITH
Enective date n apparable.	8-1-15 (no more than 90 days after amendment file date)	15 AUG T PH 1: 12
Note: If the date inserted in this block does not document's effective date on the Department of S	t meet the applicable statutory filing requirements, this cate's records.	date will not be listed as the
Adoption of Amendment(s) (<u>CHE</u>	CK ONE)	
The amendment(s) was/were adopted by the sl by the shareholders was/were sufficient for ap	nareholders. The number of votes cast for the amendmen proval.	t(s)
	shareholders through voting groups. The following states group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for the amend	ment(s) was/were sufficient for approval	
by	ng group)	
action was not required.	oard of directors without shareholder action and shareholder	der
DatedSignature(By a director, present	ent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other co	
<u>/</u>	ypet or printed name of person ligning)	
	President (Title of person signing)	