# P15000047923

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#### COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: LA CAMPINA DI	E MIAMI, INC	
DOCUMENT NUM	BER: P15000047923		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	LINA REYES		
		Name of Contact Persor	1
	LA CAMPINA DE ORLAN	DO, INC	
		Firm/ Company	
	425 S Semoran Blvd Suite #	A	
		Address	
	ORLANDO FLORIDA 3280	77	
		City/ State and Zip Code	e
MA	STERTAXSERVICEINC@YA	АНОО.СОМ	
	_	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
LINA REYES		at ( 561	294-5358
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	rtment of State:
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (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** of



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

P15000047923			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendm		
A. If amending name, enter the new name of the corporation:  LA CAMPINA DE ORLANDO, INC.			
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain th		
B. Enter new principal office address, if applicable:	425 S SEMORAN BLVD SUITE #A		
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO FLORIDA, 32807		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	425 S SEMORAN BLVD SUITE #A		
	ORLANDO FLORIDA, 32807		
D. 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	dress in Florida, enter the name of the		
(Florida	street address)		
New Registered Office Address:	(City) , Florida_ (Zip Code)		
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	nt:		
Signature of New	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)

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 <math>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 Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add	<del></del>		
Remove			
3) Change			
Add			
Remove			
4) Change			
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5) Change			
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6) Change			
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tach additional sheet	's, if necessary).	(Be specific)				
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an amendment prov rovisions for implen (if not applicable,	nenting the am	hange, reclassif	ication, or can contained in th	cellation of iss e amendment	ued shares, itself:	
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				<b></b>		

The date of each amendment(s) a date this document was signed.	07/22/2015 doption:	_, if other than th
<del>-</del>	22/2015	
Enterior date it applicable.	(no more than 90 days after amendment file date)	····
Note: If the date inserted in this document's effective date on the De	block does not meet the applicable statutory filing requirements, this date will appartment of State's records.	not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
07/22/201	5	
Dated	<del></del>	
Signature		
(By a c	lirector, president or other officer – if directors or officers have not been	_
selecte	d, by an incorporator – if in the hands of a receiver, trustee, or other court	
appoin	ted fiduciary by that fiduciary)	
	LINA REYES	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	
	(Title of person signing)	