## P16000021396

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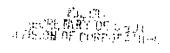
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: LATIN PRESTIG	E INC
DOCUMENT NUMBER: P16000021396	<u></u>
The enclosed Articles of Amendment and fee are so	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
CARLOS ORJUELA	
	Name of Contact Person
LATIN PRESTIGE INC	Traine of Contact Letson
	Firm/ Company
17632 COLLINS AVE	
	Address
SUNNY ISLES FLORIDA	33160
	City/ State and Zip Code
INFO@ETAX2GO.COM	
	sed for future annual report notification)
,	4
For further information concerning this matter, please	se call:
CARLOS ORJUELA	at ( 305 ) 904 7202  Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone N	
Enclosed is a check for the following amount made	
\$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 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



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(Name	of Corporation as current	ly filed with the Florida Dept. of State)
LATIN PRESTIGE INC	P16000021396	
	(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607 ts Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation:	
OC REMODELING 24 INC		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associd	nation "Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address,	if applicable:	N/A
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		
C. Enter new mailing address, if appl	icable:	N/A
(Mailing address MAY BE A POST		N/A
<ul> <li>If amending the registered agent as new registered agent and/or the ne</li> </ul>		
	N/A	<del></del>
Name of New Registered Agent		
	(5)	
	N/A	treet address)
New Registered Office Address:	14.57	(City) , Florida (Zip Code)
		(Chy) (Zip Code)
New Registered Agent's Signature, if o	hanging Registered Agen	<u>t:</u>
hereby accept the appointment as regis	tered agent. I am familiar	with and accept the obligations of the position.
<u></u>	Ci mantana a CM ma	Pagistared 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)	Title	Name	<u>Addres</u> s
1) Change	V	MARTHA ORJUELA	17632 COLLINS AVE
X Add			MIAMI BEACH FL 33160
Remove			
2) Change			<del>1-2-1-1</del>
Add			had the start of t
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	************	·	
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If an</u>	nending or adding additional Article ch additional sheets, if necessary). (	s, enter change(s) here: Be specific)	
N/A	(	,	
			# 11 7
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F. <u>If an</u>	amendment provides for an exchan	ge, reclassification, or cancellat	tion of issued shares,
pro	visions for implementing the amend (if not applicable, indicate N/A)	nent if not contained in the am	endment itself:
N/A	(y nor appreciole, maleate 1971)		
	- No. 17-95 - Market 1 - 20 - 10 - 10 - 10 - 10 - 10 - 10 -		
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10/18/2016
The date of each amendment(s) adoption:
date this document was signed.  10/18/2016  10/18/2016
Effective data if applicables
(no more than 90 days after amendment file date) 16 OCT 25 MM 1: 39
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
(voting 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.
10/18/2016 Dated_
Signature Carlos Orfuela
(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)
appointed fiederary by that fiederary)
CARLOS ORJUELA
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)