P93000082180

(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	_ Certificates of Status
Special Instructions to	Filing Officer:

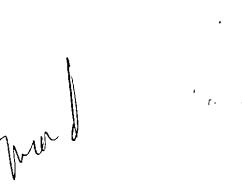
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COVER LETTER 7

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATIO	N: VIZCOY	J 8370723 A	DEULLOPHINI INC
DOCUMENT NUMBER: _	P93000	5 32 180	Develophen 100
The enclosed Articles of Ame			
Please return all corresponder	nce concerning this ma	tter to the following:	
	Micolos	GOMEZ	
	Name of Contact Person		
	VIZCAYA	Tegrates .	JEUC/00HE27, 100
	9841	S.W. 121 ST	
9841 S.W. 12187 Address			
	MIDMI,	E1. 33176	
	·	City/ State and Zip Code	3
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:			
Nicolos GOM	<u>ዩ</u> ~	at (786	290 0135
Name of Cont	act Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for the fo	llowing amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ac Amendmen Division of P.O. Box 6	t Section Corporations	Amend Divisio	Address ment Section n of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to

Articles of Incorporation

of	
VIZCAYA ESTATES DEVILOPRENT, INC.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P-93000082180	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following an its Articles of Incorporation:	nendment(s)
A. If amending name, enter the new name of the corporation:	
Th name must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation " "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain th "chartered," "professional association," or the abbreviation "P.A."	Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	7(19 DEC 30
Name of New Registered Agent	
New Registered Office Address: Florida	33
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar with and accept the obligations of the position.	

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 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	PT	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>5</u>	MEIVIN A. LAGOS	9280 Se 42 st Mion, H 33165
Add			Mioni, A. 33165
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
		Page 2 of 4	
E. If amending or addin (Attach additional shee		onal Articles, enter change(s) here: essary). (Be specific)	

A Committee of the Comm		
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F. If an amendment provides for an exchange, reprovisions for implementing the amendment (if not applicable, indicate N/A)	if not contained in the amendment itself:	
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	-	
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		<u>.</u>
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		4.47
	D 2 .64	
	Page 3 of 4	
The date of each amendment(s) adoption:		, if other than t
date this document was signed.	215	
Effective date if applicable:	•	
CITECULE AGIE II GRANCONIO!		

(no more than 90 days after amendment file date)

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 ado by the shareholders was/were sur	•	The number of votes east for the amendment(s)
		s through voting groups. The following statement d to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) wa	s/were sufficient for approval
by	(voting group)	
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of direc	ctors without shareholder action and shareholder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators	without shareholder action and shareholder
Dated \ \ Z	124119	
(By a di	rector, president or other	officer of Virectors or officers have not been
	l, by an incorporator – if ed fiduciary by that fiduc	in the hands of a receiver, trustee, or other court ciary)
	Nicolas	Conez nted name of person signing)
•	(Typed or prin	nted name of person signing)
	PRESIDE	-t
Ţ.	(Title of person signing)	