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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION: Rodrigo	ez Aronson Essine	Front Ross, P.A.
	UMBER: <u>093000</u>	084133	
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
	Jonathan As	Name of Contact Person	
	fooriguez, An	ouson, Essington + P. Firm/Company	-055 P.A.
	ZIZI Ponce i	) e Leon Bwd # Address	730
		Caloles FL 3313  City/ State and Zip Code  SUCZ - CCONSON. Come  and for future annual report notification)	
Jonathan	ation concerning this matter,  Acobson of Contact Person	please call:  at ( 205 ) 774-  Area Code & Daytime Tele	1477 ephone Number
Enclosed is a chec	k for the following amount n	nade payable to the Florida Depart	ment of State:
□\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
P.O. Box 6	nt Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301	e

## Articles of Amendment to Articles of Incorporation of

	of	porution		
Rodriguez, Aronso. (Name of Corporation as current)				i.
P93000	•	•	<del></del> /	
(Document Number				
Pursuant to the provisions of section 607.1006, Famendment(s) to its Articles of Incorporation:	lorida Statutes	s, this <i>Florida Pro</i>	ofit Corporation	adopts the following
A. If amending name, enter the new name of the	e corporation:			
Rodriguez, Aronson 1 grame must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the desmane must contain the word "chartered," "profess	signation "Cor	p," "Inc," or "Co	". A professio.	nal corporation
3. Enter new principal office address, if applica Principal office address <u>MUST BE A STREET A</u>				09 JU SECHE TALLAH
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	- <i>BOX</i> )		:	FILED 30 AM 9: 34 ARY OF STATE ISSEE, FLORIDA
D. If amending the registered agent and/or registered agent and/or the new register			enter the name	e of the
Name of New Registered Agent:				
New Registered Office Address:	(Florida	a street address)		
_	(City)		, Florida (Zip Code)	
New Registered Agent's Signature, if changing Is thereby accept the appointment as registered agen			the obligations	of the position.
Signa	ature of New R	egistered 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	<del></del>		
(attach d	additional sheets, if necessary).	(Be specific)	
• • • • • • • • • • • • • • • • • • • •			
provis		nange, reclassification, or cancellandment if not contained in the amo	

The date of each amendment	(s) adoption: 50	14 23, 2009	
	(date of	f adoption is required)	
The date of each amendment Effective date' <u>if applicable</u> :	(no more than 90 days aft	ier amendment file date)	
	(No more many or days ay.		
Adoption of Amendment(s)	(CHECK ON	<u>(E)</u>	
The amendment(s) was wently the shareholders was/we		ders. The number of votes cast for the amendment(	s)
, ,	• • •	olders through voting groups. The following statement titled to vote separately on the amendment(s):	ent
"The number of votes	cast for the amendment(s)	was/were sufficient for approval	
by	(voting group)	,,,	
	(voting group)		
action was not required.		directors without shareholder action and shareholde	er
The amendment(s) was/wer action was not required.	re adopted by the incorpora	ators without shareholder action and shareholder	
Dated	7/24/09		
Signature	)XL	<u>/</u>	
sele		ner officer – if directors or officers have not been if in the hands of a receiver, trustee, or other court duciary)	
	Jonathan	nted name of person signing)	
	(Typed or pri	nted name of person signing)	
	(Title of person si	Mesident	
	(Title of person si	igning)	