Florida Department of State
Division of Corporations
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To:

Division of Comporations

Fax Number

: (850)617-6380

Exom:

Account Name : ACCOUNTANT & MANAGEMENT INC

Account Number : I20110000070 Phone : (305)541-3980 Fax Number : (305)541-7033

Enter the small address for this business entity to be used for future annual report mailings. Enter only one empil address please.

Email Address:____

COR AMND/RESTATE/CORRECT OR O/D RESIGN SOUTH AMERICAN OF MIAMI CORPORATION

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: SOUTH AM	ERICAN OF MIAN	II CORPORATION
	R: P9400003322		
The enclosed Articles o	Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
	MOSES NAE		
		Name of Contact Person	
<i>f</i>	ACCOUNTANT &	& MANAGEMEN	IT INC
_		Firm/ Company	
	1549 NE 123RD	ST	
_		Address	
1	NORTH MIAMI, I	FL 33161	
_		City/ State and Zip Cod	2
INIT/		,	
INFO	D@TAXLEAF.CO		
	E-mail address: (10 bc as	sed for future annual report	notification)
For further information	concerning this matter, plea	se call:	
MOSES NAE		at (305	, 541-3980
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for t	the following amount made	payable to the Florida Depa	urtment 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)
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 assee, FL 32314	Amend Divisio Clifton	Address ment Section in of Corporations Building xecutive Center Circle
		Tallahassee, FL 32301	

Articles of Amendiaent to Articles of Incorporation

SOUTH AMERICAN OF MIAMI CORPORATION (Name of Corporation as currently filed with the Florida Dept. of State) P94000033220 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation; A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new molling address, if applicable; (Mailing address MAY BE A POST OFFICE BOX) D. If amonding the resistered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: **DOMINGO LLERANDI** Name of New Registered Agent 1215 NW 124TH STREET (Florida street address) **NORTH MIAMI** New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar fith and accept the obligations of the position.

Page 1 of 4

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 und/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.

X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>\$v</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	DE LA CRUZ, CARMEN E	1215 NORTHWEST 124TH STREET
Add			NORTH MIAMI, FL 33167
Remove			
2) Change	P	LLERANDI, DOMINGO	1215 NW 124TH ST
Add			NORTH MIAMI, FL 33167
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add	<u></u>		
Remove			
, <u> </u>		·	
6) Change			
Add			
Remove			

(f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) ac	loption:
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cost for the amendment(s) filefent for approval.
The amendment(s) was/were app must be separately provided for	waved by the shareholders through voting groups. The following statement 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
Ъу	(voting group)
	(voting group)
action was not required. The amendment(s) was/were add	pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder
action was not required.	
Deted	R 15TH, 2014
Signature	Mould (
selec i go	irector, president or other officer – if directors or officers have not been 1, by an incorporator – it in the hands of a receiver, trustee, or other court led fiduciary by that fiduciary)
	CARMEN E DE LA CRUZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)