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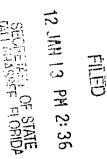
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COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: ROMINPZ IN -
DOCUMENT NUMBER: 195-000048992
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rédro Ramine?
Name of Contact Person 1237 Park AV
Firm/ Company
Address
alguar Park 32073
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
PEdRO Ramirez at 904, 415 5989
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy
enclosed) . (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

FILED

Articles of Amendment to Articles of Incorporation

12 JAN 13 PM 2:36

of

SECRETARY OF STATE TALLAHASSEE FLORIDA

KAMIREZ, I	CK/C,		TALL AHASSEE	FI, ORIDA
(Name of Corporation as currently fi	led with the Flor	ida Dept. of State)	-	
RAMIREZ INC.	P95	0000489	92	
(Document Number of	Corporation (if k	nown)		
Pursuant to the provisions of section 607.1006, Floridatis Articles of Incorporation:	a Statutes, this <i>Fle</i>	orida Profit Corporation ado	pts the following a	mendment(s) to
A. If amending name, enter the new name of the co	orporation:			
RAMIREZ RES	TAN QX	INT PNC	T	ha naw
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the	d "corporation," ," "Inc," or "Co	"company," or "incorpord". A professional corporati	ated" or the abbr	eviation
B. Enter new principal office address, if applicable	<u>:1</u>			*
(Principal office address <u>MUST BE A STREET ADL</u>	ORESS)			
C. Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>(X</u>)			
				
D. If amending the registered agent and/or register new registered agent and/or the new registered		s in Florida, enter the name	of the	
	omee audress.			
Name of New Registered Agent				
	(Florida street	address)		
New Registered Office Address:		, Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Reg	ustered Agent:			
I hereby accept the appointment as registered agent.		h and accept the obligations	of the position.	
Signature of M.	aw Registered Age	ent 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	<u>PT</u> <u>John D</u>	<u>oe</u>	
X Remove	<u>V</u> <u>Mike J</u>	<u>ones</u>	
X Add	SV Sally S	mith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add Remove			
2) Change Add Remove		·	
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
·· ·· · · · · · · · · · · · · · · · ·	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	endment if not contained in the amendment itsen:
-	
·	

The date of each amendment(s) adoption:						
Effective date if applicable:						
(no more than 90 days after amendment file date)						
Adoption of Amendment(s) (CHECK ONE)						
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ıt(s)					
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment					
"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.	lder					
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	1					
Dated 1/9/2012						
Signature (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 coappointed fiduciary by that fiduciary)						
Gedro Ramine (Typed or printed name of person signing)						
(Typed or printed name of person signing)						
PRESI Jen						
(Title of person signing)						