(Red	questor's Name)	
(Add	dress)	
(Ada	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
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MAR31 2014 EXAMINER

## COVER LETTER

ro:	Amendment Section "	
	Division of Corporations	:

'		CODE		
NAME OF CORPOR	EL ARABE BER: <u>P9700003215</u>	, CORP. 7		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this made	tter to the following:		
	NIRIAM PEREZ			
	NMP PROFESSI	Name of Contact Person		
		Firm/ Company		
	14764 SW 25 LN			
	MIAMI, FL 33165	Address		
		City/ State and Zip Code	t	
NM	IPPROFESSION <i>A</i>	ALS@BELLSOU	TH.NET	
<del></del>	E-mail address: (to be us	sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se call:		
NIRIAM M P	EREZ	at ( 305	, 221-8176	
Name	of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment 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)	
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		

APPROVED AND FILED

## Articles of Amendment to Articles of Incorporation of

14 MAR 28 PM 1:45

SECRETARY OF STATE TALL AHASSEE, FLORIDA

Fi	ARA	RF	COR	P
	$\triangle 1 \times 2$	<b>\</b> D∟,	CON	١I,

(Name of Corporation as	currently filed with the	Florida Dept. of State)		
P97000032157				
(Documen	t Number of Corporation (	if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation a	dopts the following ame	ndment(s) to
A. If amending name, enter the new na	me of the corporation:			
N/A			The	new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp." "Inc." or	"Co". A professional corpor		
B. Enter new principal office address, (Principal office address MUST BE A S.)	if applicable: TREET ADDRESS )	N/A		
······································	,	IV//\		
C. Enter new mailing address, if appli		N/A		
(Muiling address MAY BE A POST O	OFFICE BOX)			
D. If amending the registered agent an new registered agent and/or the nev			me of the	
Name of New Registered Agent	NIRIAM M PER			
Name of New Registered Agent	2500 SW 107	AVE STE 8	_	
		reet address)	_	
New Registered Office Address:	MIAMI	, Florida	33165	
	ıCiy	7	(Zip Code)	
New Registered Agent's Signature, if c				
I hereby accept the appointment as regist	ered agent. I am familiar	with and accept the obligation	ns of the position.	
	man M	Jan .	-	
$J^{n_j}$	znature of New Registered	Agent, if thanging		

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.

X Change	<u>PT</u> <u>Joh</u>	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PST	SERGIO FIGUEREDO	8858 NW 109 TERR
Add			HIALEAH GARDENS, FL
Remove			33018
2) Change	PST	RODOLFO GONZALEZ	P.O. BOX 52
Add			WARRENSBURG, IL
Remove			65273
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
Kellove			
6) Change			
Add			
Remove			

E. <u>If amendi</u> (Attach <i>ud</i>	<mark>ing or addin</mark> Iditional shee	g additional Art ts, if necessary).	<mark>ticles, enter c</mark> h tBe specific	iange(s) here:			
N/A							
<u>-</u>		<u> </u>					****
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` Ifanam	endment nro	vides for an exc	change reclas	sification, or	cancellation o	ficened shares.	
provisio	ons for imple	menting the am	endment if no	ot contained in	n the amendm	ent itself:	
	not applicable	, indicate N/A)					
N/A						<del></del>	
					<del></del>		<del> </del>
				<u>-</u>			
<u></u>							
					*****		



14 MAR 28 PM 1: 45

The date of each amendmen	t(s) adoption: 03/24/2014	14 MAR 28 PM 1: 4	5 , if other than the
date this document was signed	03/24/2014	SECRETARY OF UTAT TALL AHASSET, MLOR	
Effective date if applicable:		ıys after amendment file date)	<del></del>
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
	re adopted by the shareholders. The nurely rere sufficient for approval.	mber of votes cast for the amendmen	1(s)
The amendment(s) was/we must be separately provid	re approved by the shareholders throughed for each voting group entitled to vote	n voting groups. The following states separately on the amendment(s):	nent
"The number of vote	es cast for the amendment(s) was/were so	ifficient for approval	
by			
,	(voting group)		
The amendment(s) was/we action was not required.	ere adopted by the board of directors with	hout shareholder action and sharehol	der
The amendment(s) was/we action was not required.	ere adopted by the incorporators without	shareholder action and shareholder	
Dated 03/	24/2014		
Signature	Ly Viene	eal	
( :	By a director, president or other officer selected, by an incorporator – if in the happointed fiduciary)	<ul> <li>if directors or officers have not been ands of a receiver, trustee, or other co</li> </ul>	n ourt
	SERGIO L FIGUEREDO		
	(Typed or prin	ted name of person signing)	
	PRESIDENT		
•.	(Title	of person signing)	