# P971124336/

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(Ad	dress)	
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(Document Number)		
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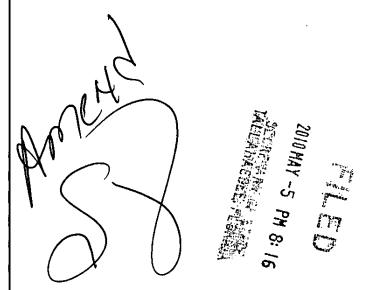
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57.10



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#### COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION:	: FAROD CORPORATION		
DOCUMENT NUMBI	ER:	P97000043361		
The enclosed Articles of	f Amendment and fee a	are submitted for filing.		
Please return all corresp	ondence concerning th	is matter to the following:		
		NCA N. RODRIGUEZ		
	ì	Name of Contact Person		
	FAR	OD CORPORATION		
		Firm/ Company		
	1825 PON	ICE DE LEON BLVD. #353		
, 2		Address		
	COR	AL GABLES, FL 33134		
	(	City/ State and Zip Code		
	blan E-mail address: (to be use	ca@farod.com ed for future annual report notification)	<del></del>	
For further information	concerning this matter	, please call:		
	N. RODRIGUEZ	at (305)4		
Name of Co	ontact Person	Area Code & Daytime Tel	ephone Number	
Enclosed is a check for	the following amount r	nade payable to the Florida Depar	tment 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 Addre Amendment Sec Division of Cor P.O. Box 6327	porations	Street Address Amendment Section Division of Corporations Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circl Tallahassee, FL 32301	C	

### **Articles of Amendment Articles of Incorporation**

## 2010 MAY 5 PM 8: 16 **FAROD CORPORATION** (Name of Corporation as currently filed with the Florida Dept. of State) P97000043361 (Document Number of Corporation (if known)

	N/A	The ne
ame must be distinguishable and contain the bbreviation "Corp.," "Inc.," or Co.," or the des ame must contain the word "chartered," "profess	signation "Corp," "Inc,"	or "Co". A professional corporation
Enter new principal office address, if applica		
Principal office address <u>MUST BE A STREET A</u>	(DDRESS) N/A	·····
	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<i>BOX</i> ) N/A	
	N/A N/A	
<ol> <li>If amending the registered agent and/or reginew registered agent and/or the new register</li> </ol>		Florida, enter the name of the
	Α	
Name of New Registered Agent: N/		
<u>N/</u>		
	A (Florida street add	lress)
<u>N/</u>	(Florida street ada	ress), Florida (Zip Code)

## 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>	Name	Address	Type of Action
<u>VP</u>	ALVAREZ, FERMIN	1825 PONCE DE LEON BLVD. #353 CORAL GABLES, FL 33134	☐ Add ☑ Remove
	······		☐ Add ☐ Remove
			☐ Add ☐ Remove
(arach adar	ional sheets, if necessary). (Be specific		
	dment provides for an exchange, recla		
	for implementing the amendment if no applicable, indicate N/A)	t contained in the amendment i	tself:
(ij noi t	ррпсиоте, тисите тл	•	
<del></del>	<del></del>		
	<del></del>		
			<u> </u>

The date of each amendment(s) adoption	on: MAY 1, 2010
Effective date <u>if applicable</u> : MAY 1,	(date of adoption is required)
	than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.
	ed by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the	e amendment(s) was/were sufficient for approval
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(voting gr	roup)
The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder
Dated MAY 1, 2010	
selected, by ar	, president or other officer – if directors or officers have not been in incorporator – if in the hands of a receiver, trustee, or other court aciary by that fiduciary)
	BLANCA N. RODRIGUEZ
	(Typed or printed name of person signing)
· · · · · · · · · · · · · · · · · · ·	DENT, SECRETARY TREASURER & DIRECT( Title of person signing)

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