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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION:	1000 Fifth Street Corpora	ation	
DOCUMENT NU	MBER:	P99000095426		
The enclosed Artic	eles of Amendment and fee a	re submitted for filing.		
Please return all co	prespondence concerning thi	s matter to the following:		
		hristopher Langen		
	N	ame of Contact Person		
	Lan	gen & Langen, P.A.		
		Firm/ Company		
	PO Box 398570			
		Address		
		Beach, FL 33239-8570	******	
	Ci	ity/ State and Zip Code		
	E-mail address: (to be used	d for future annual report notification)		
For further informa	ation concerning this matter,	please call:		
	ristopher Langen of Contact Person	at (305) 67	74-0023	
Enclosed is a check for the following amount made payable to the Florida Department 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	e	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

		Sucinary
1000 Fifth	Street Corporation	09 MAY 25 AM 9: 18
(Name of Corporation as curr	ently filed with the Florida	Dept. of State)
Pgg	9000095426	
	mber of Corporation (if known	n)
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	06, Florida Statutes, this <i>Flor</i>	ida Profit Corporation adopts the following
A. If amending name, enter the new name o	of the corporation:	
		The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	e designation "Corp," "Inc,"	or "Co". A professional corporation
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>		
·		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		
D. If amending the registered agent and/or i		lorida, enter the name of the
new registered agent and/or the new regi	stered office address:	
Name of New Registered Agent:		
New Registered Office Address:	· (Florida street add	ress)
		Clavida
	(City)	, Florida (Zip Code)
		(my cone)
New Registered Agent's Signature, if changi Thereby accept the appointment as registered a		accept the obligations of the position.
•		
	Signature of New Registered A	gent, 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>	Address	Type of Action
VP	Augusto Zichy	1000 Fifth Street, Suite 200 Miami Beach, FL 33139	
(anach da	lditional sheets, if necessary). (Be spe	ecitic)	
	nendment provides for an exchange, r		
	ns for implementing the amendment of applicable, indicate N/A)	is not contained in the amendmen	t itsell:
	·		

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/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.		
	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):		
"The number of votes	east for the amendment(s) was/were sufficient for approval		
by	(voting group)		
action was not required.	e adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder		
selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)		
	Claudio Zichy-Thyssen		
	(Typed or printed name of person signing)		
	Director		
	(Title of person signing)		