# P11000035477

| (Re                     | equestor's Name)   |           |
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| PICK-UP                 | ☐ WAIT             | MAIL.     |
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| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building  | NAME OF CORPO           | DRATION:                              | MONTIEL PROPERTIES CORP  |  |  |  |
|---|-------------------------|---------------------------------------|--|--|--|--|
| Please return all correspondence concerning this matter to the following:    DANIEL GLEIZER   | DOCUMENT NUM            | NUMBER: P11000035477                  |  |  |  |  |
| DANIEL GLEIZER  Name of Contact Person  MONTIEL PROPERTIES CORP  Firm/ Company  2417 NE 9 ST  Address  HALLANDALE FL 33009  City/ State and Zip Code  gisefrei@hotmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Gisela Gleizer  Name of Contact Person  at (954) 937 9199  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  Certificate of Status  Certified Copy (Additional copy is enclosed)  Mailing Address  Amendment Section Division of Corporations P.O. Box 6327 Clifton Building   | The enclosed Article    | es of Amendment and fee a             | are submitted for filing.  |  |  |  |
| MONTIEL PROPERTIES CORP Firm/ Company  2417 NE 9 ST Address  HALLANDALE FL 33009 City/ State and Zip Code  gisefrei@hotmail.com E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Gisela Gleizer Name of Contact Person  Enclosed is a check for the following amount made payable to the Florida Department of State:  Stiling Fee Certificate of Status Certified Copy (Additional copy is enclosed)  Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Clifton Building   | Please return all corr  | respondence concerning th             | is matter to the following:  |  |  |  |
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| Prim/ Company   2417 NE 9 ST   Address  |                         | Λ                                     | Name of Contact Person   |  |  |  |
| Address  HALLANDALE FL 33009  City/ State and Zip Code  gisefrei@hotmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Gisela Gleizer at (954) 937 9199  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:  Street Address Certified Copy (Additional Copy is enclosed)  Mailing Address  Amendment Section Division of Corporations P.O. Box 6327  City/ State and Zip Code   ### 13009  ### 13009    \$37 9199  |                         | MONTIE                                | EL PROPERTIES CORP   |  |  |  |
| HALLANDALE FL 33009  City/ State and Zip Code  gisefrei@hotmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Gisela Gleizer at ( 954 ) 937 9199  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:  Steela Gleizer at ( 954 ) 937 9199  Area Code & Daytime Telephone Number  Certificate of State:  Street Address (Additional copy is enclosed)  Mailing Address (Additional Copy is enclosed)  Division of Corporations  P.O. Box 6327  Clifton Building   |                         |                                       | Firm/ Company  |  |  |  |
| HALLANDALE FL 33009  City/ State and Zip Code  gisefrei@hotmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Gisela Gleizer at ( 954 ) 937 9199  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:  Steela Gleizer at ( 954 ) 937 9199  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  Certificate of Status (Additional Copy ( Certificate of Status  | _                       |                                       | 2417 NE 9 ST   |  |  |  |
| Gisela Gleizer at ( 954 ) 937 9199  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:  State Certificate of Status  Certificate of Status  Mailing Address Amendment Section Division of Corporations P.O. Box 6327  Enclosed State Service (To be used for future annual report notification)  at ( 954 ) 937 9199  Area Code & Daytime Telephone Number  843.75 Filing Fee & Status Certified Department of State:  Street Address Amendment Section Division of Corporations P.O. Box 6327  Clifton Building  |                         |                                       | Address  |  |  |  |
| Gisela Gleizer at (954 937 9199  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:  Street Address Amendment Section Division of Corporations P.O. Box 6327  Signal Address: (to be used for future annual report notification)  at (954 937 9199  Area Code & Daytime Telephone Number  Area Code & Daytime Telephone Number  Street Address Certified Copy (Certificate of Status (Additional copy is enclosed))  Street Address Amendment Section Division of Corporations Division of Corporations P.O. Box 6327  Clifton Building   |                         | HAL                                   | LANDALE FL 33009   |  |  |  |
| E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Gisela Gleizer  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:  Street Address  Amendment Section  Division of Corporations  P.O. Box 6327  Anal (954)  937 9199  Area Code & Daytime Telephone Number  Area Code & Daytime Telephone Number  Street Address  Area Code & Daytime Telephone Number  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  Certificate Operations  Certificate of Status  (Additional Copy is enclosed)  Certificate of Status  Certified Copy  (Additional Copy is enclosed)  |                         | C                                     | City/ State and Zip Code   |  |  |  |
| Gisela Gleizer 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:  \$\sumset \text{\$\frac{1}{2}\$} \text{\$\frac{3}{2}\$} \text{Filing Fee} \text{\$\frac{1}{2}\$} |                         | gisefro<br>E-mail address: (to be use | ei@hotmail.com ed for future annual report notification)                                 |  |  |  |
| 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:  \$\sumset\$ \$\\$3.75 \text{ Filing Fee } \text{ \$\sumset\$ \$\\$43.75 \text{ Filing Fee } \text{ \$\sumset\$ \$\sumset\$ \$\cent{Certificate of Status} \text{ \$\sumset\$ \$\cent{Certified Copy} & Certificate of Status} \text{ \$\sumset\$ \$\cent{Certified Copy} & Certified Copy} \text{ \$\sumset\$ \$\text{Certified Copy} & Certified Copy} \text{ \$\sumset\$ \$\text{Additional Copy is enclosed} \text{ \$\sumset\$ \$\text{Certified Copy} & Certified Copy} \text{ \$\text{Certified Copy} & Certified Copy}  \$\text{Ce   | For further informati   | on concerning this matter,            | please call:   |  |  |  |
| Enclosed is a check for the following amount made payable to the Florida Department of State:   \$\sumseternightarrow{2}\\$35\ \text{Filing Fee}  \textsquare \\$43.75\ \text{Filing Fee}  \text{Certified Copy}  \text{Certified Copy}  \text{Certified Copy}  \text{Certified Copy}  \text{(Additional copy is enclosed)}  \text{(Additional Copy is enclosed)}   \text{(Additional Copy is enclosed)}   \text{(Additional Copy is enclosed)}   \text{(Additional Copy is enclosed)}   \text{(Additional Copy is enclosed)}   \text{(Additional Copy is enclosed)}   \text{(Additional Copy is enclosed)}   \text{(Additional Copy is enclosed)}      \text{(Additional Copy is enclosed)}        \  |                         | 4.                                    |  |  |  |  |
| ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status ☐ Certified Copy ☐ Certified Copy ☐ (Additional Copy is en Copy ☐ Certified Copy ☐ Certified Copy ☐ Certified Copy ☐ (Additional Copy is en Copy ☐ Certified Copy   | Name of                 | Contact Person                        | Area Code & Daytime Telephone Number   |  |  |  |
| Certificate of Status  Certified Copy (Additional copy is enclosed)  Certificate of Status (Additional copy is enclosed)  Certificate of Status Certified Copy (Additional Copy is enclosed)  Certificate of Status Certified Copy (Additional Copy is enclosed)  Certificate of Status Certif  | Enclosed is a check     | for the following amount n            | nade payable to the Florida Department of State:   |  |  |  |
| Amendment Section  Division of Corporations  P.O. Box 6327  Amendment Section  Division of Corporations  Clifton Building   | ☑ \$35 Filing Fee       |                                       | Certified Copy Certificate of Status   |  |  |  |
| Tahlahassee, FL 32314 2001 Executive Center Circle Tallahassee, FL 32301  | Amendment Division of C | Section<br>orporations<br>7           | Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle |  |  |  |

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

### MONTIEL PROPERTIES CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

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## 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    |
|--------------|--|-------------------------------------|-------------------|
| <u>VP</u>    | Marcela J. Gleizer de Tow  | 2417 NE 9 ST<br>HALLANDALE FL 33009 | ☑ Add<br>□ Remove |
|              |  |                                     |                   |
|              | <del></del>  |                                     |                   |
|              | ding or adding additional Articles, entended ditional sheets, if necessary). (Be spe                       |                                     |                   |
|              |  |                                     |                   |
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| provisi      | nendment provides for an exchange, records for implementing the amendment is not applicable, indicate N/A) |                                     |                   |
|              |  |                                     |                   |
|              |  |                                     |                   |
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|              |  |                                     |                   |

| The date of each amendmen                          | t(s) adoption: June 22nd 2011   |
|--|---|
| Effective date <u>if applicable</u> :              | June 22nd 2011  (date of adoption is required)  |
|  | (no more than 90 days after amendment file date)  |
| Adoption of Amendment(s)                           | (CHECK ONE)   |
| • •  | ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.   |
| The amendment(s) was/we must be separately provide | ere approved by the shareholders through voting groups. The following statement ed for 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  |
| by   | "   |
|  | (voting group)  |
| The amendment(s) was/we action was not required.   | ere adopted by the board of directors without shareholder action and shareholder  |
| The amendment(s) was/we action was not required.   | ere adopted by the incorporators without shareholder action and shareholder   |
| Dated June   | e 22nd 2011   |
| Signature  |   |
| (Bỹ<br>sele  | a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary) |
|  | DANIEL GLEIZER  |
|  | (Typed or printed name of person signing)   |
|  | President   |
|  | (Title of person signing)   |