

Florida Department of State

Division of Corporations -**Electronic Filing Cover Sheet**

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(((H15000262055 3)))



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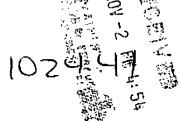
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Corporate Filing Menu

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11/2/2015

CORPUSA

H15000262055

COVER LETTER

Division of Corpo	orations		
Name of Corpor	ration: <u>Semilleta inv</u>	estment corp	
DOCUMENT NUME	P15000086205		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Ploase return all corres	pondence concerning this ma	ifter to the following:	
	JOSE M VEGA		
		Name of Contact Person	1
	SUAREZ VEGA & ASSOC	. INC	
•		Firm/ Company	
	25 SE 2 AVE 410		
•		Address	
	MIAMI, FL. 33131		
•		City/ State and Zip Cod	ŧ
VEGA	MIAMINITMAIL.COM		
		sed for future amoual report	natification
	E-Man addices. (45 55 to	ate to: Farme mainint tehart	.~
Por further information	concerning this marter, pleas	se call:	
JOSE M VEGA		786 st (488-3542 de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made		
35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divit P.O.	ing Address ndment Section tion of Corporations Box 6327 timessee, FL 32314	Amend Divisio Cliffor 2661 B	Address Inent Section on of Corporations Building xecutive Center Circle

TO: Amendment Section

Articles of Amendment to Articles of Incorporation

15000086205	with the Florida Dept. of Sinte)
(Document Number of Corpo	ration (if known)
ursuant to the provisions of section 607.1006, Plorida Statutes, this <i>Florida</i> A Articles of Incorporation:	Profit Corporation adopts the following amendment(s)
. If amonding name, enter the new name of the cornoration:	The industry
ame must be distinguishable and contain the word "corporation," "cor Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A ord "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the aboreviation of professional corporation name must contain the professional corporated or the aboreviation of the professional corporated or the aboreviation of the professional corporated or the professional corporated or the professional corporated or the professional corporation name must contain the profession name must contain the profession name must contain
Principal office address, if applicable: Orlinoipal office address MUST BE A STREET ADDRESS)	で で こ こ ラ フ ラ
. <u>Enter naw mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	· · · · · · · · · · · · · · · · · · ·
. If amending the registered agent and/or registered office address in F new registered agent and/or the new registered office address:	Florids, enter the name of the
Name of New Registered Agent	
(Florido street odder	ess)
יום או אין	
New Registered Office Address: (City)	

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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) Please note the officer/director title by the first letter of the office title: P = President; V= Vice President; Y= 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 teller 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: John Doe X Change PT X Removo Y Mike Jones X Add <u>sv</u> Sally Smith Address Title Name Type of Action (Check One) PD LILIANA PATRICIA ABERASTIAN 2936 SW 24 TER 1) ____ Change MIAMI, FL. 33:45 X Add Remove 2) ____ Change ____ Add Remove 3) ____ Change Add _ Remove 4) __ Change _ Add Remove 5) ____ Change ____ Add __Remove 6) ____ Change Add

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Remove

.Hach <i>additional</i> .	ding additional Art sheets, if necessary).	(Be specific)			•	
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an amendment i	provides for an excl plementing the sme	pange, reclassific	ation, or cancell	ation of Issued sh	ares,	
Cif not applied	nble, indicate N/A)	mantent ii nat co	ttixitien in the at	mentiment tixelli		
(5 ···· · · · · · · · · · · · · · · · ·	,,					
						
						
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The date of each amendment(s) adoption:	If other than the
date this morning was signed.	
Effective dute if applicable: (no more than 90 days after amendment file date)	
Note: If the date insected in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through writing groups. The following statement must be separately provided for each voting group emitted to vote separately on the amendment(s):	
"The munber of votes cast for the amendment(s) was/were sufficient for approval	9
by"	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Dated Signature	
(By a director, president or other officer – if directors or officers have not been selected, by unincorporator – if in the hands of a receiver, mustee, or other court appointed fiduciary by that fiduciary)	
JOSE M YEGA	
(Typed or printed name of person signing)	
INCORPORATOR	~
(Title of person signing)	· · - — — — — — — — — — — — — — — — — —

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