

FAX AUDIT NO.: H09000197068 3

**109000044995**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000197068 3))



H090001970683ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : MICHAEL J. FREEMAN, P.A.  
Account Number : 072720000142  
Phone : (305) 442-1567  
Fax Number : (305) 442-1227

2009 SEP -8 AM 10: 27  
 FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**COR AMND/RESTATE/CORRECT OR O/D RESIGN**

SAI ADVISORS INC.

RECEIVED  
 2009 SEP -8 AM 8: 00  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$43.75

*Handwritten signature and date: 9-9-09*

Electronic Filing Menu

Corporate Filing Menu

Help

FAX AUDIT NO.: H09000197068 3

FAX AUDIT NO.: H09000197068 3

Articles of Amendment  
to  
Articles of Incorporation  
of

**FILED**

2009 SEP -8 AM 10: 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SAI ADVISORS INC.**

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

**P09000044995**

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
(Principal office address **MUST BE A STREET ADDRESS**)

450 East Las Olas Boulevard  
Suite 730  
Ft. Lauderdale, FL 33301

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

450 East Las Olas Boulevard  
Suite 730  
Ft. Lauderdale, FL 33301

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_  
(Florida street address)

\_\_\_\_\_, Florida  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

**If an amendment provides for the removal of 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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
D	Albino Ferreras Garza	153 Sevilla Avenue Coral Gables, FL 33134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
D	Frank L. Holder	450 East Las Olas Boulevard Suite 730 Ft. Lauderdale, FL 33301	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

---



---



---



---



---



---



---



---

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**  
*(if not applicable, indicate N/A)*

---



---



---



---



---



---



---



---

FAX AUDIT NO.: H09000197068 3

The date of each amendment(s) adoption: September 3, 2009  
(date of adoption is required)

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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/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 September 3, 2009

Signature 

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Rafael A. Sarría-Díaz  
(Typed or printed name of person signing)

President and Director  
(Title of person signing)

FAX AUDIT NO.: H09000197068 3