## 39991

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Amend

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: VILLA COF	RTEZ MOTEL, II	NC.		
DOCUMENT NUM					
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	SALVATORE G.	TRAFICANTE			
		Name of Contact Person	n		
	VILLA CORTEZ	MOTEL, INC.			
		Firm/ Company			
	4700 SW 8th ST	REET			
•		Address			
	CORAL GABLES	s, FL 33134			
		City/ State and Zip Cod	e		
wis	shesmotel@gmail.	com			
		sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
SALVATORI	E G. TRAFICANTI	Ξ <sub>at (</sub> 561	, 305-7664		
Name of Contact Person Area Code & Daytime Telephone Num					
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)		
<u>Ma</u>	iling Address	Street Address			
Am	endment Section	Amendment Section			
	ision of Corporations	Division of Corporations			
	D. Box 6327	Clifton Building			
Fal	lahassee, FL 32314		Executive Center Circle assee, FL 32301		
		i allalla	33500, I'L J2JV1		

## Articles of Amendment to Articles of Incorporation of



## VILLA CORTEZ MOTEL, INC.

·			″/ Ç≱,
(Name of Corporation as current)	y filed with the Florida Dept	t. of State)	- " \$ 46
399991			_
(Document Numbe	r of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	rida Statutes, this <i>Florida Pro</i>	fit Corporation adopts the followi	ng amendment(s) t
A. If amending name, enter the new name of th	e corporation:		
			The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	orp," "Inc," or "Co". A pro	uny," or "incorporated" or the offessional corporation name musi	abbreviation t contain the
B. Enter new principal office address, if applica	able:		<u> </u>
(Principal office address <u>MUST BE A STREET A</u>	<u>IDDRESS</u> )		
			<del></del>
			_
C. Enter new mailing address, if applicable:	POV.		
(Mailing address <u>MAY BE A POST OFFICE</u>	<u>BOX</u> )		<del></del>
			_
	·		
• D. If amending the registered agent and/or regi	stered office address in Flor	ida, enter the name of the	
new registered agent and/or the new register		ida, enter the name of the	
Name of New Registered Agent			
		<del></del>	
<del></del>	(Florida street address)		
New Registered Office Address:		, Florida	
New Negistered Office Address.	(City)	(Zip Code)	<del></del>
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		cent the obligations of the nosition	
i nereby accept the appointment as registered ager	u. Tum jamutar wun ana acc	лері іне обидинонь ој іне ромнон.	•

Signature of New Registered Agent, 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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = 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 letter 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: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	SEC	_	LILIANA BIANCHI	
Add				
Remove				
2) Change	VP	_	ROMINA TRAFICANTE	
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add •				
Remove				
5) Change		_		
Add				and the second s
Remove				
6) Change				
Add				
Remove				

Attach a	additional she	eets, if necesso	ary). (Be sp	recific)				
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provisi	ions for impl	ovides for an lementing the le, indicate N	amendment	eclassificatio if not contai	n, or cancellaned in the an	ntion of issued nendment itse	shares, lf:	
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•					* * * * * * * * * * * * * * * * * * *			
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The date of each amendment(s) ac	loption: DECEMBER 09, 2014	, if other than the
date this document was signed.		·/
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement 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 add action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated DECEM	BER 09, 2014	
selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	SALVATORE G. TRAFICANTE	
•	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	