## 10114

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## **COVER LETTER**

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations West Properties, INC. NAME OF CORPORATION: 664239 DOCUMENT NUMBER: The enclosed *Articles of Amendment* and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SW 124 avenue Nidiam Lodriquez Gaol. com dress: (to be used for future annual report notification) For further information concerning this matter, please call: houriguez at (305) 221-7174
Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Conv (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment**

to

Articles o	f Incor	poration
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Articles of file	i por ation
West Property	he Florida Dept. of State)  on (if known)
(Name of Corporation as currently filed with t	he Florida Dept. of State)
6642	39
(Document Number of Corporation	on (if known)
Pursuant to the provisions of section 607.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Profit Corporation</i> adopts the folig
A. If amending name, enter the new name of the corporation	1: The new
name must be distinguishable and contain the word "corpe abbreviation "Corp.," "Inc.," or Co.," or the designation "Co name must contain the word "chartered," "professional associa	oration," "company," or "incorporated" or the orpor," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	NIA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add	
Name of New Registered Agent: Nidio	hodriguez
	ani Florida 33184
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered As I hereby accept the appointment as registered agent. I am family	

	the Officers and/or Directors, enter the difficers and address of each Officers		rector being
	tional sheets, if necessary)		
Title P	Name Raul F. Hodriguez	Address 300 SW 124 avl Mami, FL 33184	Type of Action  Add Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
	ditional sheets, if necessary). (Be spec		
provisio	nendment provides for an exchange, rense for implementing the amendment if applicable, indicate N/A)		

The date of each amendment(s)	adoption: 3/8/11
Effective date if applicable:	(date of adoption is required)
	o more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	,,,
(ve	oting group)
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated	3/8/11
selecte	Hede al Foliages  lirector-president or other officer dif 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)
-	Midia Rodriguez  (Typed or printed name of person signing)
	Prosident
_	(Title of person signing)