721626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC 20 AM 8:43

Amend
ccl cub
12/21/10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Spanish American Basic Education and Rehabilitation

DOCUMENT NUMBER: Inc. 721626

The enclosed ***Articles of Amendment*** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RECEIVED
10 DEC 20 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Silvio Picado
(Name of Contact Person)

Spanish American Basic Education and Rehabilitation, Inc.
(Firm/ Company)

3990 West Flagler Street-Suite #103
(Address)

Miami, Florida 33134
(City/ State and Zip Code)

spicado@saberinc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Silvio Picado at (305) 443-9170
(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:

☐ $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)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 9, 2010

SILVIO PICADO
SPANISH-AMERICAN BASIC EDUCATION
3990 WEST FLAGLER STREET - SUITE #103
MIAMI, FL 33134

SUBJECT: SPANISH-AMERICAN BASIC EDUCATION AND REHABILITATION, INC.
Ref. Number: 721626

We have received your document for SPANISH-AMERICAN BASIC EDUCATION AND REHABILITATION, INC. and your check(s) totaling $52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU CAN NOT FILE AN AMENDMENT TO CHANGE THE CORPORATE NAME USING THE ACRONYM.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 910A00028583

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC 20 AM 8:43

Spanish American Basic Education and Rehabilitation, Inc.

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

721626

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this ***Florida Not For 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" or "incorporated" or the abbreviation "Corp." or " Inc." **"Company" or "Co." may not be used in the name.***

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

_____

_____

_____

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

_____

_____

_____

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 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)

Title	Name	Address	Type of Action
D	Rivas, Anthony	939 SW 84th Avenue Miami, Florida 33174 US	☐ Add ☑ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

The date of each amendment(s) adoption: November 30, 2010
(date of adoption is required)

Effective date if applicable: November 30, 2010
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

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

☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated November 30, 2010

Signature _____

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

William Alexander
(Typed or printed name of person signing)

President
(Title of person signing)