# L96550

<u> </u>
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiliess Efficty Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

13

Office Use Only



100208193621

100208193621 05/31/11-01039-007 \*\*35.00



Arund C.COULLIETTE JUL 15 2011

**EXAMINER** 

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORP	ORATION:	BEMAR INC	
DOCUMENT NUMBER:		L96550	
The enclosed Articl	les of Amendment and fee a	re submitted for filing.	
Please return all con	rrespondence concerning th	is matter to the following:	
_		NELSON PAZ	
	N	lame of Contact Person	
_		BEMAR INC	
		Firm/ Company	
-	103	20 W FLAGLER ST	
		Address 7	
_	C	MIAMI FL 3174 ity/ State and Zip Code	
	aristide E-mail address: (to be use	sfe@hotmail.com d for future annual report notification)	
For further informa	tion concerning this matter,	please call:	
N	IELSON PAZ	at (786)4	43-5566
Name o	of Contact Person	Area Code & Daytime Te	lephone Number
Enclosed is a check	for the following amount n	nade payable to the Florida Depar	rtment 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 Circ	le

Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 3, 2011

NELSON PAZ BEMAR INC. 10320 W. FLAGLER ST MIAMI, FL 33174

SUBJECT: BEMAR INC. Ref. Number: L96550

We have received your document for BEMAR INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The designation of the registered agent must be at a Florida street address.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

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) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 111A00013602

IS AM 10: 29
RY OF STATE
SSEE, FLORIDA

### Articles of Amendment to Articles of Incorporation

BEMA	R INC			
(Name of Corporation as currently	filed with the Flor	ida Dept. of State	<u>e)</u>	
L96	5550			
(Document Number		nown)		
Pursuant to the provisions of section 607.1006, Framendment(s) to its Articles of Incorporation:	orida Statutes, this	Florida Profit Co	orporation adopts	s the following
A. If amending name, enter the new name of the	corporation:			
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the des name must contain the word "chartered," "professi	gnation "Corp," "I	nc," or "Co". A	r "incorporated professional cor	The new " or the poration
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A)				SECTION IN
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	(OX)			IL 15 PM 1:56  RENESSEE FLORIDA
D. If amending the registered agent and/or registered agent and/or the new registered		in Florida, ente	r the name of the	2
Name of New Registered Agent: NE	LSON PAZ			
New Registered Office Address:	(Florida street	Plaglen address)	ST	
<u>.                                    </u>	(City)		, Florida <u>331</u> ° Code)	<u>14</u>
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		•		oosition.
Signa	are of Hewategister	ca Agem, if chang	51118	

## 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
B	GABRIEL PAZ	10320 W FLAGLER ST MIAMI FL 3174	
<u>VP</u>	NELSON PAZ	10320 W FLAGLER ST MIAMI FL 3174	□ Add ☑ Remove
<u>P</u>	NELSON PAZ	10320 W FLAGLER ST MIAMI FL 3174	_
	ling or adding additional Article dditional sheets, if necessary). (1		
			* * * * * * * * * * * * * * * * * * * *
provisio	nendment provides for an exchanges for implementing the amends of applicable, indicate N/A)	nge, reclassification, or cancellation of i ment if not contained in the amendmen	ssued shares, t itself:
	· · · · · · · · · · · · · · · · · · ·		

• `	
The date of each amendment	t(s) adoption: $5/24/11$
	(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/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statemened for each voting group entitled to vote separately on the amendment(s):
	cast for the amendment(s) was/were sufficient for approval
by	(voting group)
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated_05/2 Signature	111.
sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	NELSON PAZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)