M05305

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LAW OFFICE FRANCIS E. HOLDEN JR., P.A. 166 HIALEAH DRIVE HIALEAH, FLORIDA 33010

TELEPHONE: 305-885-1475
Fax: 305-882-8251 - fhelaw@yahoo.com

May 4, 2009

Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Re: JOAQUIN CORTIZO INC Ref No. M05305

Dear Sir or Madame:

Enclosed please find the following:

- 1. Articles of Amendment of Joaquin Cortizo, Inc.
- 2. Copy of your letter dated April 24, 2009 for your reference.

The filing fees in the amount of \$35.00 were previously paid

Thank you for your cooperation in this matter

Eby Holden

RECEIVED

2009 MAY -8 AM 8: 00

SECRETARY OF STATE

SECRETARY OF STATE

TALLAHASSEE: FLORIDA



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 24, 2009

Francis E. Holden Jr, P.A. 166 Hialeah Drive Hialeah, FL 33010

SUBJECT: JOAQUÍN CORTIZO, INC. Ref. Number: M05305

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

Amendments for Florida profit corporations are filed in compliance with section 607,1006, Florida Statutes. Please see the enclosed information.

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) 245-6907.

Annette Ramsey Regulatory Specialist II

Letter Number: 809A00013948

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORE	IE OF CORPORATION: JOAQUIN CORTIZO INC					
DOCUMENT NU	NUMBER: M05305					
The enclosed Artic	les of Amendment and fee a	are submitted for filing.				
Please return all co	prespondence concerning thi	is matter to the following:				
	EBY HOLDEN					
	Name of Contact Person					
FRANCIS E. HOLDEN JR.						
	Firm/ Company					
166 HIALEAH DRIVE						
		Address				
	Ш	IALEAH, FL 33010				
		ity/ State and Zip Code				
		ed for future annual report notification)				
	ation concerning this matter,					
, . ,	EBY HOLDEN of Contact Person	at (305) 885-1475 Area Code & Daytime Telephone Number				
		nade payable to the Florida Department of State:				
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)				
Mailing Ac Amendmen Division of P.O. Box 6. Tallahassee	t Section Corporations 327	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

Articles of Ame	end ment	~		
to		FILE		
Articles of Incor	poration	·~ <i>~~</i>		
of		2009 MAY		
JOAQUIN CORTIZO I	NC	FILED 2009 MAY -8 PM 3: 44		
(Name of Corporation as currently filed with th	e Florida Dept. of State)	TALLALTARY DE		
M05305		SECRETARY OF STATE TALLAHASSEE, FLORIDA		
(Document Number of Corporation	n (if known)	-1107		
Pursuant to the provisions of section 607.1006, Florida Statutes amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation:		ooration adopts the following		
		_		
name must be distinguishable and contain the word "corporablireviation "Corp.," "Inc.," or Co.," or the designation "Corname must contain the word "chartered," "professional association	p," "Inc," or "Co". A pi	rofessional corporation		
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 a	ddress in Florida, enter ti	he name of the		
new registered agent and/or the new registered office address:				
Name of New Registered Agent: MYRNA RODI	RIGUEZ			

3150 NW 7TH STREET

New Registered Office Address: (Florida street address)

> MIAMI _, Florida<u>33125</u>

(Zip Code) (City)

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

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

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
DM	ROSA B. CORTIZO	3150 NW 7TH STREET MIAMI, FL 33125	
	ling or adding additional Articles, dditional sheets, if necessary). (Be		
provisi		e, reclassification, or cancellation o ent if not contained in the amendme	
***	ion of Certificate 1 ; 100 shares	3	
Cancellat	ion of Certificate 2; 100 shares	3	
Cancellati	ion of Certificate 3; 100 shares		