

M05305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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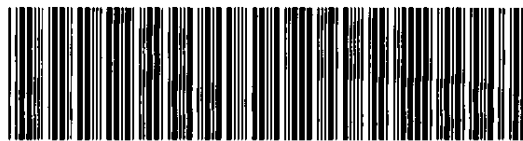
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
MILLERS FALLS OFFICE

10 JUN 28 AM 8:56

FILED

*Amend*

*06-29-10*

*Dc*

JUN 30 2010

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: JOAQUIN CORTIZO, INC

DOCUMENT NUMBER: M05305

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

Please return all correspondence concerning this matter to the following:

VANESSA DURAN

Name of Contact Person

ACCOUNTANTS & BUSINESS CONSULTANTS, INC

Firm/ Company

300 ARAGON AVENUE, SUITE 360

Address

MIAMI, FL 33134

City/ State and Zip Code

DURAN.VANESSA@LIVE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VANESSA DURAN

Name of Contact Person

at ( 305 )

705-7922  
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

**Articles of Amendment  
to  
Articles of Incorporation  
of**

**JOAQUIN CORTIZO, INC.**

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

**M05305**

\_\_\_\_\_  
(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida 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," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**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**)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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10 JUN 28 AM 8:56  
SECRETARY OF STATE  
CORPORATION DIVISION

**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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>VP</u>	<u>MARITZA RODRIGUEZ</u>	<u>3150 NW 7TH ST</u> <u>MIAMI, FL 33125</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>ST</u>	<u>MARILYN RODRIGUEZ</u>	<u>3150 NW 7TH ST</u> <u>MIAMI, FL 33125</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>          </u>	<u>          </u>	<u>          </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

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**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

<u>MARITZA RODRIGUEZ;</u>	<u>34%</u>	<u>34 SHARES</u>
<u>MYRNA RODRIGUEZ;</u>	<u>33%</u>	<u>33 SHARES</u>
<u>MARILYN RODRIGUEZ;</u>	<u>33%</u>	<u>33 SHARES</u>
<u>          </u>	<u>          </u>	<u>          </u>
<u>          </u>	<u>          </u>	<u>          </u>

The date of each amendment(s) adoption: 06/15/2010

*(date of adoption is required)*

Effective date if applicable: 06/15/2010

*(no more than 90 days after amendment file date)*

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

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

The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for 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 adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 06/07/2010

Signature Myrna Rodriguez

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

MYRNA RODRIGUEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)