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# **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: The Workshop Miami	Corp
DOCUMENT NUMBER: N0600000	Name of Corporation) 00959
The enclosed Articles of Correction and fe	ee are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
Yendi Valdes	
(Name of Contact Person)	
The Workshop Miami Corp	
(Firm/Company)  1680 Michigan Avenue Suite 10  (Address)	)16
Miami Beach, FL 33139 (City/State and Zip Code)	
For further information concerning this ma	atter, please call:
Yendi Valdes	at ( 305 ) 794-8276
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amo	ount:
\$35.00 Filing Fee	\$43.75 Filing Fee & Certificate of Status
\$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$52.50 Filing Fee, Certificate of Status & Certified Copy
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

April 2, 2007

YENDI VALDES THE WORKSHOP MIAMI CORP 1680 MICHIGAN AVENUE SUITE 1016 MIAMI BEACH, FL 33139

SUBJECT: THE WORKSHOP MIAMI CORP

Ref. Number: N06000000959

We have received your document for THE WORKSHOP MIAMI CORP and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following (a)son(s):

Articles of Correction must be filed within 30 tays of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

The application/form submitted does not meet/the requirements of this office; please complete the attached application/form.

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) 245-6908.

Sylvia Gilbert Document Specialist

Letter Number: 707A00022130

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: The Workshop Miami Corp
DOCUMENT NUMBER: N600000959
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Yenai Valdes (Name of Contact Person)
The Workshop Miami Corp. (Firm/Company)
1780: 79-Strêet Causeway, C104 (Address)
NOAKI Bary VI-Laggiff 33141 (City/ State and Zip Code)
For further information concerning this matter, please call:
Valdes at (305) 794-8276  (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & Certificate of Status \$\bigcup \\$Additional copy is enclosed\$\\ \text{Certified Copy} \\ (Additional copy is enclosed)  \$52.50 Filing Fee & Certified Copy \\ (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

# Articles of Amendment to Articles of Incorporation of

FILED 07 APR 25 AM 7:18

The Workshop Miami Corp. TALLAHASSEE, FLORIDA  (Name of corporation as currently filed with the Florida Dept. of State)
Control of the contro
N600000959
(Document number of corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may <u>not</u> be used in the name of a not for profit corporation)
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
Principal Address and mailing address changes to
Principal Address and mailing address changes to
#C ( OH m)
Morth-Bay Villages, Pas 33141
'
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(Attach additional pages if necessary) (continued)

The date of adoption of the amendment(s) was: April 3, 2007
Effective date if applicable:  (no more than 90 days after amendment file date)
(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 was sufficient for approval.
There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.
Signature Volume (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.)
(Typed or printed name of person signing)
President  (Title of person signing)

FILING FEE: \$35