# NOOD WOO

(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number	)
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF SIMES CONTINUES OF CORPORATIONS

#### **COVER LETTER**

TQ: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: AmerinRio, In	С.		
DOCUMENT NUM	BER: N06000002608	- Palling - Pall		
The enclosed <i>Articles</i>	of Amendment and fee are sul	omitted for filing.		
Please return all corro	spondence concerning this mat	ter to the following:		
		ld McElfresh		
	(Name of	Contact Person)		
	Ame	erinRio, Inc.		
	(Firm	n/Company)		
	05005 (	214/ 000md A.v.		
		SW 202nd Ave	***	
	(	Address)		
	Homesto	ead, FL. 33031		
		te and Zip Code)	·	
	E-mail address: (to be use	Damerinrio.org  ed for future annual report notific	ation)	
For further information	on concerning this matter, pleas		ŕ	
Donald McElfresh		at ( 305 ) 246-070	08	
	of Contact Person)	(Area Code & Daytin	me Telephone Number)	
Enclosed is a check for	or the following amount made p	payable to the Florida Departmen	t of State:	
<b> ▼ \$35</b> 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)	
	ng Address	Street Address	,	
Amendment Section			Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		
Taliahassee, FL 32314		2661 Executive Cente	r Circle	

Tallahassee, FL 32301



July 13, 2011

DONALD MCELFRESH AMERINRIO, INC. 25325 SW 202ND AVE HOMESTEAD, FL 33031

SUBJECT: AMERINRIO, INC. Ref. Number: N06000002608

We have received your document for AMERINRIO, 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):

The document must have original signatures.

You failed to sign the document.

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: 611A00016667

RECEIVED
11 AUG -2 AM II: 07
SECRETARY OF STALE
ALLAHASSEE, FEORIDA

JUL 2 8 RECT BY: (1)

4 REMAILED 7-29-2011

## Articles of Amendment to Articles of Incorporation of

# AmerinRio, Inc.

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

## N06000002608

(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:

ie new name must be aistinguisnable and co breviation "Corp." or " Inc." <u>"Company" o</u>	ontain the word "corporation" of	
previation Corp. or Inc. <u>"Company" o</u>	r Co. may not be used in the Ha	<u>me</u> .
. Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>		
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE		***
		la, enter the name of the
. If amending the registered agent and/or recovered agent and/or the new registered agent		la, enter the name of the
. If amending the registered agent and/or remains registered agent and/or the new registered agent:		la, enter the name of the
new registered agent and/or the new regi		la, enter the name of the
new registered agent and/or the new regi		····
new registered agent and/or the new registered Agent:	stered office address:	 , Florida
new registered agent and/or the new registered Agent:	stered office address:	······································

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) Address **Type of Action Title** Name 1 ΕΫΡ **Kiev Santos Domingues** 25325 SW 202nd Ave ✓ Add ☐ Remove Homestead, FL 33031 ☐ 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 amendmen	nt(s) adoption: July 1st, 2011
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of d	members entitled to vote on the amendment(s). The amendment(s) was/were irectors.
Dated_July	y 9th, 2011
Signature _	Don men
ha	y the chairman or vice chairman of the board, president or other officer-if directors ve not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)
	Donald McElfresh
	(Typed or printed name of person signing)
	Vice President
	(Title of person signing)

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