N08000009960

(Re	equestor's Name)	
· (Ad	idress)	
•	,	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
/P:	ısiness Entity Nar	no)
(Bu	isiness Entity Nat	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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MOUNCY TO PH 2: 00
SECRETARY OF STATE

Amend

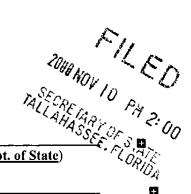
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: SI Jesus Inc		
DOCUMENT NU	MBER: N08000009960		
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
<u>Mila</u>	agros Careaga	of Contact Person)	
	(14anie	or Contact reison)	
<u>lmm</u>	igration Group, LLC		
	(Fi	rm/ Company)	
<u>303</u>	0 Coral Way		
		(Address)	
<u>Mia</u>	mi, FL 33145		
	(City/ S	tate and Zip Code)	
For further information	ation concerning this matter,	please call:	
Milagros Careag		at (305) 443-39	·····
(Nam	e of Contact Person)	(Area Code & Daytim	e Telephone Number)
Enclosed is a chec	k for the following amount n	nade payable to the Florida De	partment of State:
✓ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Adamendment Division of P.O. Box 6	nt Section Corporations 327	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

Articles of Amendment to **Articles of Incorporation**



01	TALL BUELON	~// a
SI Jesus Inc.	'''43'''	CORS II
(Name of Corporation as currently filed with the Florida Dept.	of State)	10375
N0800009960		. 10 ₂
(Document Number of Corporation (if known)		_

		-40°
	N08000009960	
(Document I	Number of Corporation (if known)	"- "
ursuant to the provisions of section 617.10 e following amendment(s) to its Articles of	of Incorporation:	ot For Profit Corporation adop
. If amending name, enter the new nam	e of the corporation:	
he new name must be distinguishable an bbreviation "Corp." or "Inc." <u>"Compan</u>		
. Enter new principal office address, if Principal office address MUST BE A STR		
Enter new mailing address, if applica (Mailing address MAY BE A POST OF		
. If amending the registered agent and/		rida, enter the name of the
new registered agent and/or the new r	egistered office address:	
Name of New Registered Agent:	Martha Alicia Rivera	
	3030 Coral Way	
New Registered Office Address:	(Florida street addres	ss)
	Miami	. Florida 33145
	(City)	, Florida_33145 (Zip Code)
ew Registered Agent's Signature, if char hereby accept the appointment as registe sition.		nd accept the obligations of th
-	Signature of New Registered Age	nt, if changing
	Page 1013 Fall	

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>	Address	Type of Action
<u>P</u>	Martha Alicia Rivera	3030 Coral Way Miami, FL 33145	
<u>P</u>	Egramul Chowdhury	3850 Bird Rd Coral Gables, FL	Add Remove
			Add Remove
E. If ame	nding or adding additional Articles, ento	er change(s) here:	
	additional sheets, if necessary). (Be spec		
	,		

The date of each amendment	(s) adoption:
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer was/were sufficient for appr	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or n adopted by the board of dir	nembers entitled to vote on the amendment(s). The amendment(s) was/were sectors.
Dated	11/05/08
Signature	
(By have	the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Title of person signing)