10900000000005

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800223761748

03/05/12--01912--007 **35.00

ZIIZAPRII AN 9: 53

NC

APR 1 2 2012 T. BROWN

COVER LETTER

TO: Amendment Section Division of Corporation	ons		
SUBJECT:	West Spanish-Palm Bay FL. Inc. Name of Corporation		
DOCUMENT NUMBER:	N090000 10905		
_			
The enclosed Amendment and	d fee are submitted for filing.		
Please return all corresponder	nce concerning this matter to the following:		
Hector I	. Nazarío		
Name of Contact Person			
West Spanish-P	alm Bay FL. Inc.		
Firm/C	ompany		
890 Emden	n Ave. N.W.		
Add	ress		
Palm Bay, FL	32907-9341 nd Zip Code		
City/State a	nd Zip Code		
rbchlnaza	ario@yahoo.com		
E-mail address: (to be used	for future annual report notification)		
For further information conce	rning this matter, please call:		
Hector L. Naza Name of Contact Person	rio at (321) 223-0937 on Area Code & Daytime Telephone Number		
Enclosed is a check for the fo	llowing amount:		
	\$43.75 Filing Fee & Certificate of Status Second Status Second Status Second Status Second Second Status Second		

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

March 8, 2012

HECTOR I NAZARIO WEST SPANISH-PALM BAY, FL. INC. 890 EMDEM AVE NW PALM BAY, FL 32907-9341

SUBJECT: WEST SPANISH-PALM BAY, FL. INC.

Ref. Number: N09000010905

We have received your document for WEST SPANISH-PALM BAY, FL. 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 application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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) 245-6050.

Teresa Brown Regulatory Specialist II

Letter Number: 512A00008828

Articles of Amendment
to
Articles of Incorporation
of

WEST Spanish—Palm Bay, FL. INC.

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

N0900010905

(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:

A. If amending name, enter the new name	eaction of	i ll: it Tehnach's L	دایلمین ۱	PRUM BAY	FLORIDA	INC
A. It amending name, enter the new name of the large contain the must be distinguishable and contain the "Company" or "Co." may not be used in the	word "corporati name.	on" or "incorporated	" or the abb	reviation "Corp.	" or "Inc."	
B. <u>Enter new principal office address, if ap</u> (Principal office address <u>MUST BE A STRE</u>						
	-					
C. Enter new mailing address, if applicabl (Mailing address MAY BE A POST OFF						
			·····			
D. If amending the registered agent and/or new registered agent and/or the new reg			enter the n	ame of the		
Name of New Registered Agent:		<u> </u>		_		
New Registered Office Address:	(1	Florida street address)		_		
			. Floric	la		
	(City)		, (Zip	la Code)		
New Registered Agent's Signature, if chang I hereby accept the appointment as registered			the obligation	ons of the positio	n.	
Signatu	re of New Registe	ered Agent, if changin	g	_		

Page 1 of 4

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change Add Remove		_		
2) Change Add Remove		_		
3) Change Add Remove		_		
4)Change Add Remove		_	·····	
5) Change Add Remove	 .	-		
6) Change Add Remove		_		

E.	If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: Feb 10th , 2012				
Effective date if applicable: April 15t, 2012 (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(s) was/were sufficient for approval.				
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.				
Dated March 14th 2012				
Signature (B) 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)				
Hector L. DAZARIO				
(Typed or printed name of person signing) President				
(Title of person signing)				