

PD2000092356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

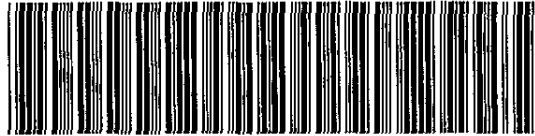
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500043193515

12/16/04--01020--016 **35.00

12/16/04
11:00 AM
FILED

04 DEC 16 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

DEC 16 2004

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Brisas Lajeras Inc P020000092356
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF**

BRISAS LAJERAS INC
(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its article of incorporation.

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

REGISTERED AGENT

CHANGE REGISTERED AGENT TO: PEDRO E. DIJOLS
7830 SW 24TH STREET, MIAMI, FL. 33155

ARTICLE EIGHT DIRECTORS

DELETE: URENA, EUFRACIA PD
LANDIN, EUFRACIA ST

ADD: LANDIN, COSSETTE, 7830 SW 24TH STREET MIAMI, FL. 33155 PD
DIJOLS, PEDRO E 7830 SW 24TH STREET, MIAMI, FL. 33155 V-P

FILED
04 DEC 16 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FL 32399

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing amendment if not contained in the amendment itself, are as follows.

THIRD: The date of each amendment's adoption is December 13, 2004

FOURTH: Adoption of Amendment (s) (CHECK ONE)

_____ The amendment (s) was/were approved by the shareholders. The number of votes cast for the amendment (s) 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

XX 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.

Signed this day December 11, 2004

Signature

Eufracia Urena

(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

EUFRACIA URENA

TYPED OR PRINTED NAME

President

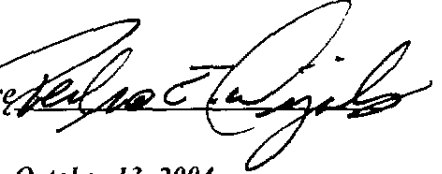
Title

7830 SW 24TH ST

P.O. BOX NOT ACCEPTABLE

Miami, Fl. 33155

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY, I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Signature 

October 13, 2004