

P04000050614

(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



600040993256

09/20/04--01038--015 **43.75

FILED
04 SEP 17 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FL 32399

Amend-
G. G. G. SEP 27 2004

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Adonai Drop of life, inc

DOCUMENT NUMBER: P04000050614

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Clara T. Garcia.
(Name of Contact Person)

Adonai Drop of life, inc
(Firm/ Company)

2828 SW 22nd ST #103 E
(Address)

Miami, FL 33145
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Clara T. Garcia at (705) 267 8085
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 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)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

AMENDMENT TO ARTICLES OF ADONAI DROP OF LIFE, INC
P 04000050614

ARTICLE V- REGISTERED AGENT

The street address of the initial corporate office of the corporation is 2828 SW 22nd Street, Suit 103 East Wing, Coral Gables, Florida 33145. The name and address of the initial registered agent for the Corporation is Clara T Garcia, 2828 SW 22nd Sreet, Suit 103 East Wing, and Coral Gables, Florida 33145.

ARTICLE VII- (BOARD OF DIRECTORS)

The Corporation shall have three (3) Directors. The number of Directors may be increased or diminished from time to time by the By-Laws, but shall never be less than one (1).

The name and address of the Directors of this Corporation is:

<u>Name</u>	<u>Address</u>
Clara T.Garcia	2828 SW 22 nd St Suit 103East Wing Coral Gables Fl, 33145
Jean L Renelien	2828 SW 22 nd St Suit 103 East Wing Coral Gables Fl, 33145
Lidia Abreu	2828 SW 22 nd St Suit103 East Wing Coral Gables Fl, 33145

ARTICLE VIII-OFFICERS

<u>Name</u>	<u>ADDRESS</u>
Clara T Garcia	President
Jean L Renelien	Vice- President
Lidia Abreu	Secretary and Treasurer

FILED
04 SEP 17 AM 9:16
SECRETARY OF STATE
TALLAHASSEE FL (P107)

Filed dated 03/22/04
Amendment date 29/15/04

The date of each amendment(s) adoption: 09/15/04

Effective date if applicable: 09/15/04
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders 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
(Signature)
(voting group)"

☐ 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 15 day of Sept, 2004.

Signature (Signature)

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Jean L. Ronelien
(Typed or printed name of person signing)

president before
(Title of person signing)

(Signature)
Clara T. Garin

New president

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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

(Signature)
(Signature of Registered Agent)

09/15/04
(Date)

If signing on behalf of an entity:

Clara T. Garin
(Typed or Printed Name)