Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000269363 3)))



H110002693633ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6360

From:

Account Name : MENDEZ ACCOUNTAX SERVICES, COR.

Account Number : 120060000145

Fax Number

Phone : (305) 769-4936 : (305)769-1844

**Enter the email address for this business entity to be used for Figure annual report mailings. Enter only one email address please.

COR AMND/RESTATE/CORRECT OR O/D RESIGN LA PALMA APARTMENT INC OF HIALEAH

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment Articles of Incorporation AMA APARTMENT IT poration as currently filed with the Florida Dent. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation; name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

(City)

Signature of New Registered Agent, if changing

(Florida street address)

, Florida

(Zip Code)

removed	ing the Officers and/or Directors, enter the and title, name, and address of each Offic dditional sheets, if necessary)	e title and pame of each officer/dis er and/or Director being added:	rector being
Title	DOBRES GARCIA DOSE A. GARCIA	Address 6960 BOTTLE BROS KLIGMI LAKES FL	Type of Action Add Remove
Tre	DOSE A. GARCIA	14530 MaHOGAUIC Mindi LAKES, FL 33 biy	✓ Add □ Remove
			☐ Add ☐ Remove
E. If ame	nding or adding additional Articles, enter additional sheets, if necessary). (Be speci	change(s) here: fic)	
			· · · · · · · · · · · · · · · · · · ·
prov	amendment provides for an exchange, recisions for implementing the amendment if foot applicable, indicate N/A)		

· <u></u> -			

The date of each amendment(s) adoption: NOV 9, 2011
Effective date if applicable: Nov (date of adoption is required) Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted 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
ъу
(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.
DatedNOV/9,2011
Signature ase ancia
(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)
JOSE A. GARCIA (Typed or printed name of person signing)
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)