## P04000069900

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DIVISION OF CORPORATION

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: JOSEPHBENJAMINS INC
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Joseph Baldassarra
(Name of Contact Person)
(Firm/ Company)
6441 NW 42nd Ct.
(Address)
Coral Springs, FL 33067
(City/ State and Zip Code)
For further information concerning this matter, please call:
Joseph Baldassarra at ( 954 ) 8250309
(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 Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

**3**↓ December **±** 2007

JOSEPH BENJAMINS INC 6441 NW 42ND CT CORAL SPRINGS, FL 33067

SUBJECT: JOSEPH BENJAMINS INC

Ref. Number: P04000069900

We have received your document for JOSEPH BENJAMINS INC and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You have submitted the <u>wrong form for a profit</u> corporation. I have enclosed the proper form for you to complete and return with corrected name to my attention.

The current name of the entity is as referenced above. Please correct your document accordingly.

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) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 607A00070159

SELVED 31 AM 8: 00 ASSEE FLORIDA 2008 JAN 10 AH 8: 00 SECRETARY OF STATE TALLAHASSEE FLORID

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

## Articles of Amendment to Articles of Incorporation of

(Document number of corporation (if known)	_
ursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corp</i> dopts the following amendment(s) to its Articles of Incorporation:	oration
EW CORPORATE NAME (if changing):	•
Joseph Benjamin In C Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," o	
Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," o A professional corporation must contain the word "chartered", "professional association," or the abbrevia	r "Co.") tion "P.A.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Nondor Article Title(s) being amended, added or deleted: (BE SPECIFIC)	Number(s)
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The date of each amendment(s) adoption: Dec. 01,2007
Effective date if applicable:
Effective date if applicable: (no more than 90 days after amendment file date)
Adoption of Amendment(s) ( <u>CHECK ONE</u> )
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
(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.
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)
(Typed or printed name of person signing)
(Typed or printed name of person signing)
Bresident
(Title of person signing)

**FILING FEE: \$35**