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TO: Amendment Section
Division of Corporations

NAME OF CORPO	ORATION:	GABLES CONSULTING, INC.		
DOCUMENT NUMBER:		P05000048827		
The enclosed Article	es of Amendment and fee a	re submitted for filing.		
Please return all cor	respondence concerning thi	s matter to the following:		
_		M DIANA EGUSQUIZA		
	N	ame of Contact Person		
_	GABLE	S CONSULTING, INC.		
	Firm/ Company 6650 SW 67 ST. APT # 2			
· _				
		Address		
_	MIAMI FL, 33155			
	C	ity/ State and Zip Code		
	E-mail address: (to be use	d for future annual report notification)	 	
For further informat	tion concerning this matter,	please call:		
MIRIAM	DIANA EGUSQUIZA		98-6561	
Name o	of Contact Person	Area Code & Daytime Tele	ephone Number	
Enclosed is a check	for the following amount n	nade payable to the Florida Depart	ment of State:	
✓ \$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 Clifton Building 2661 Executive Center Circle	e	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

GABLES CONSULTING, INC.

(Name of Corporation as currently filed	with the Florida Dept. of State)	F 50 6
P05000048	827	F. S. F. F. F. S. F. F. S. F. F. F.
(Document Number of Cor	poration (if known)	東西
Pursuant to the provisions of section 607.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Profit Corporation	on adopts the follow
A. If amending name, enter the new name of the corpo	ration:	
		The new
name must be distinguishable and contain the word abbreviation "Corp.," "Inc.," or Co.," or the designation name must contain the word "chartered," "professional a	on "Corp," "Inc," or "Co". A professi	ional corporation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	2200 SOUTH DIXIE HWY.	
(Trincipui office uturess <u>most biz A STREET APPIKE</u>	SUITE 703	
	COCONUT GROVE FL, 33	133
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6650 SW 67 ST.	
	APT # 2 MIAMI FL 33155	
D. If amending the registered agent and/or registered new registered agent and/or the new registered office.		me of the
Name of New Registered Agent: MIRIAM	DIANA EGUSQUIZA	
	OUTH DIXIE HWY. SUITE 703 (Florida street address)	
	UT GROVE , Florida (City) (Zip Code)	33133
New Registered Agent's Signature, if changing Registe	red Agent:	
I hereby accept the appointment as registered agent. I an	man Carrieral	is of the position.
Signature o	f New Registered Agent of changing	

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>P/S</u>	RICHARD L. DELGADO	7121 SW 57 ST MIAMI FL 33133	Add / Remove
<u>P/S</u>	MIRIAM DIANA EGUSQUIZ	6650 SW 67 ST. APT# 2 MIAMI FL, 33155	✓ Add ☐ Remove
			Add Remove
	ding or adding additional Articles, ente dditional sheets, if necessary). (Be spec		
provisi	mendment provides for an exchange, reons for implementing the amendment into applicable, indicate N/A)		

The date of each amendmen	t(s) adoption:	01/01/2010			
Effective date if applicable:	01/01/2010	(date of adoption is required)			
* appreadic.	(no more than	90 days after amendment file date)			
Adoption of Amendment(s)	(<u>C1</u>	HECK ONE)			
✓ The amendment(s) was/we by the shareholders was/w		e shareholders. The number of votes cast for the amendment(s) approval.			
		he shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s):			
"The number of votes	cast for the ame	ndment(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/we action was not required.	ere adopted by th	e incorporators without shareholder action and shareholder			
Dated0	5/19/2010				
Signature Missail Surgery					
(By a director, president of 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)					
MIRIAM DIANA EGUSQUIZA					
(Typed or printed name of person signing)					
		PRESIDENT / SECRETARY			
(Title of person signing)					