

PD500068322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

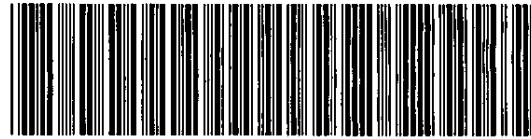
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/02/14--01007--009 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 SEP -2 AM 11:34

FILED

And

SEP 11 2014

R. WHITE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 18, 2014

JOEL QUINTANA
601 SW 57 AVE STE C
MIAMI, FL 33144

SUBJECT: PADRON FACILITY INC.
Ref. Number: P05000068322

We have received your document for PADRON FACILITY INC. and your check(s) totaling \$37.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your check is being returned to you because it is not made payable to the Florida Department of State. It is also made out for the wrong amount. Please remit a new check in the amount of \$35.00 made payable to the Florida Department of State.

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) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 114A00015530

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PADRON FACILITY INC.

DOCUMENT NUMBER: P05000068322

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

Please return all correspondence concerning this matter to the following:

JOEL QUINTANA

Name of Contact Person

PADRON FACILITY INC.

Firm/ Company

601 SW 57 AVE SUITE C

Address

MIAMI FL 33144

City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOEL QUINTANA

Name of Contact Person

at (305) 9796178

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
Tallahassee, FL 32301

RECEIVED
14 JUL 16 AM 11:35
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

FILED

14 SEP -2 AM 11:34

PADRON FACILITY INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P05000068322

(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:

The new 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)

269 ALBUCRE BRANCH
SEABRING, FL 33870

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

269 ALBUCRE BRANCH
SEABRING, FL 33870

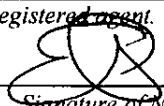
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent EDUARDO PADRON
269 ALBUCRE BRANCH
(Florida street address)

New Registered Office Address: SEABRING, Florida 33870
(City) (Zip Code)

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

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


Signature of New Registered Agent, if 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)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>PT</u>	<u>EDUARDO PADRON</u>	<u>269 ALBUCRE BRANCH</u>
<input checked="" type="checkbox"/> Add			<u>SEABRING FL 33870</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>PT</u>	<u>JOEL A QUINTANA</u>	<u>11105 SW 200 ST</u>
<input type="checkbox"/> Add			<u>APT 225</u>
<input checked="" type="checkbox"/> Remove			<u>MIAMI FL 33157</u>
3) <input type="checkbox"/> Change	<u>SC</u>	<u>MONICA CUEVAS</u>	<u>601 SW 57 AVE</u>
<input type="checkbox"/> Add			<u>SUITE C</u>
<input checked="" type="checkbox"/> Remove			<u>MIAMI FL 33144</u>
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 07/01/2014, if other than the date this document was signed.

Effective date if applicable: 07/01/2014
(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

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.

Dated 07/01/2014

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)

EDUARDO PADRON

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)