

Division of Corporations

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P05000101410

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H10000068159 3)))



H100000681593ABC

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To:

Division of Corporations  
Fax Number : (850) 617-6380

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
ADOLFO CUELLAR CHB, INC.**

Certificate of Status	0
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10 FEB 25 PM 2:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

3/25/2010  
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TC



March 26, 2010

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ADOLFO CUELLAR CHB, INC.  
PO BOX 524304  
MIAMI, FL 33152

SUBJECT: ADOLFO CUELLAR CHB, INC.  
REF: P05000101410

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The date of adoption of each amendment must be included in the document.

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) 245-6957.

Tracy L Lemieux  
Regulatory Specialist II

FAX Aud. #: H10000068159  
Letter Number: 610A00007488

RECEIVED  
2010 MAR 26 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**H10000068159**

Articles of Amendment  
to  
Articles of Incorporation  
of

**ADOLFO CUELLAR CHB, INC.**(Name of Corporation as currently filed with the Florida Dept. of State)**P05000101410**(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For 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" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

**B. Enter new principal office address, if applicable:**  
*(Principal office address MUST BE A STREET ADDRESS)*

8290 LAKE DR # 236DORAL, FL 33168

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

PO BOX 524304MIAMI, FL 33152

**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 Office Address:(Florida street address)(City)Florida(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**H10000068159**

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TALLAHASSEE, FLORIDA

**H 10000068159**

**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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<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)*

**REPLACE CORPORATION PURPOSE (ARTICLE III)**

**ADD NEW CORPORATION PURPOSE (ARTICLE III) WITH**

**U.S. CUSTOMESHOUSE BROKERAGE BUSINESS**

**H 10000068159**

**H10000068159**The date of each amendment(s) adoption: 02/05/2010

(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 members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 02/05/2010

Signature \_\_\_\_\_

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

ADOLFO CUELLAR

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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