

Florida Department of State  
Division of Corporations  
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## To:

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

## From:

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN

ALKOLEA &amp; SON INC

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** ALKOLEA & SON INC

**DOCUMENT NUMBER:** P06000070368

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

Please return all correspondence concerning this matter to the following:

HERIBERTO ALCOLEA

(Name of Contact Person)

ALKOLEA & SON INC

(Firm/ Company)

210 172 ST # 232

(Address)

SUNNY ISLES BEACH FL 33160

(City/ State and Zip Code)

For further information concerning this matter, please call:

HERIBERTO ALCOLEA

(Name of Contact Person)

at ( 786 ) 5066829

(Area Code & Daytime Telephone Number)

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

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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

Articles of Amendment  
to  
Articles of Incorporation  
of

ALKOLEA & SON INC

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

P06000070368

(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**)

1790 79 ST APT B112

NORTH BAY VILLAGE FL 33141

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

1790 79 ST APT B112

NORTH BAY VILLAGE FL 33141

**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:

HERIBERTO ALCOLEA JR

1790 79 ST APT B112

New Registered Office Address:

(Florida street address)

NORTH BAY VILLAGE

(City)

Florida 33141

(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.*

Heriberto Alcolea Jr  
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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	HERIBERTO ALCOLEA	210 172 ST # 232 SUNNY ISLES BEACH FL 33160	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VP	HERIBERTO ALCOLEA JR	1790 79 ST APT B112 NORTH BAY VILLAGE FL 33141	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
P	HERIBERTO ALCOLEA JR	1790 79 ST APT B112 NORTH BAY VILLAGE FL 33141	<input checked="" 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)*

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**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)*

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The date of each amendment(s) adoption: 10/23/08

Effective date if applicable: 10/23/08  
(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 10/23/2008

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)

HERIBERTO ALCOLEA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)