# P06000075807

(Requestor's Name)
(Address)
(Address)
(Madicaa)
(City/State/Zip/Phone #)
· PICK-UP WAIT MAIL
(Business Entity Name)
(Basinoss Effety Harris)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



800213490328

10/24/11--01009--008 \*\*35.00

SECRETARY OF STATION OF CORPORATION

Gnend C.COULLIETTE

OCT 24 2011

**EXAMINER** 

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORP	ORATION:	OCEANB	ORN ENTERP	RISE INC	
DOCUMENT NUMBER:			P060000758	07	<del></del>
The enclosed Article	es of Amendment and	d fee are submitte	ed for filing.		
Please return all cor	respondence concern	ing this matter to	the following:		
_	RICARDO HAGGI SILVA				
		Name of Cont	act Person		
_	OC	EANBORN EN	TERPRISE INC		
	Firm/ Company				
	8562 NW 64TH STREET				
	Address				
MIAMI, FL 33166					
_		City/ State and	Zip Code		
·	E-mail address: (to	deliochow@gma be used for future a	ail.com innual report notification	on)	
For further informat	ion concerning this n	natter, please call	:		
RICAR	DO HAGGI SILVA	at (	786)	277-3105	
Name o	of Contact Person		Area Code & Daytime	e Telephone Numbe	r
Enclosed is a check	for the following am	ount made payab	le to the Florida De	partment of Stat	e:
☑ \$35 Filing Fee	□ \$43.75 Filing Fee & Certificate of Statu	s Cer	.75 Filing Fee & rtified Copy ditional copy is enclose		of Status
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amer Divis Clifto	t Address adment Section ion of Corporations on Building Executive Center C		

Tallahassee, FL 32301

### **Articles of Amendment Articles of Incorporation**

#### OCEANBORN ENTERPRISE INC

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

#### P06000075807

n: oration," "com orn," "Inc." or	unami "		
	manu "		
	mann "		$\underline{\hspace{0.1cm}}$ The nev
tion," or the al	"Co". A	profession	rated" or the al corporation
			— CT
			JT 24
	ida, ente	r the name	of the
da street addres.	s)	-	
		, Florida	
	(Zip	Code)	
	cept the o	bligations o	f the position.
	ress: da street addres gent:	ress:  da street address)  (Zip	da street address) , Florida (Zip Code)

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>	Address	Type of Action
TREAS	Renata H Silva	335 NAVARRE AVE #5 CORAL GABLES, FL 33134	_ □ Add _ ☑ Remove
SEC_	Elisangela Antunes Dos Sa	11944 SW 10TH TER MIAMI, FL 33184	_ □ Add _ ☑ Remove
			_
	ling or adding additional Articles, ente dditional sheets, if necessary). (Be spec		
provisio	nendment provides for an exchange, recons for implementing the amendment if ot applicable, indicate N/A)		
<del></del>			

The date-of each amendmen	t(s) adoption: 10/14/2011
Effective date <u>if applicable</u> :	10/14/2011 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed 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)
	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_10/1	14/2011
sel	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	RICARDO HAGGI SILVA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)