

P06000093883

(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



500209461205

07/05/11--01018--018 \*\*35.00

FILED  
11 JUL 19 PM 1:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amend.  
07-19-11  
DC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 8, 2011

MABEL ROMANIUK  
MABEL ROMANIUK & ASSOCIATES PA  
1689 NE 123RD STREET  
NORTH MIAMI, FL 33181

SUBJECT: OPALOCKA TRADING CORP.  
Ref. Number: P06000093883

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

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) 245-6906.

Darlene Connell  
Regulatory Specialist II

Letter Number: 511A00016349

RECEIVED  
JUL 19 AM 9:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AM & ASSOCIATES ENTERPRISES PA  
1689 NE 123<sup>rd</sup>. St.  
North Miami Florida 33181  
Phone: 305-893-2669 fax 305-891-3458  
EMAIL MABELROMANIUK@BELLSOUTH.NET

\* \* \* \* \*

JULY 13, 2011

FLORIDA DEPARTMENT OF STATE  
PO BOX 6327  
TALLAHASSEE FL 32314  
Attn. DARLENE CONNELL

*Enclosed find a corrected amendment, a date was missing.*

*Any question please call me at (305)893-2669 FROM 8.30 AM TO 5.PM.*

Thank You

  
Mabel Romaniuk  
Public Accountant

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** OPA LOCKA TRADING CORP

**DOCUMENT NUMBER:** P06000093883

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

Please return all correspondence concerning this matter to the following:

MABEL ROMANIUK

Name of Contact Person

MABEL ROMANIUK & ASSOCIATES PA

Firm/ Company

1689 NE 123RD ST

Address

NORTH MIAMI FL 33181

City/ State and Zip Code

MABELROMANIUK@BELLSOUTH.NET

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

For further information concerning this matter, please call:

MABEL ROMANIUK

Name of Contact Person

at ( 305 )

893-2669

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

OPALOCKA TRADING CORP

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

P06000093883

(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)

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**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)

, Florida

(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*

FILED  
14 JUL 19 PM 1:02  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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>
<u>P</u>	<u>LUISA TORRES</u>	<u>3300 NE 191 ST APT 609</u> <u>AVENTURA FL 33180</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>P</u>	<u>ERNESTO M. TORRES</u>	<u>3300 NE 191 ST APT 609</u> <u>AVENTURA FL 33180</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<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: July 1, 2011  
(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 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 07/30/11

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)

ERNESTO MARTIN TORRES

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)