Po6000106329

- (Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PłCK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
: Cerțified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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AR 5/11/09

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: NAME (Name of Corporation)				
DOCUMENT NUMBER: P0600106329				
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing				
Please return all correspondence concerning this matter to the following:				
DANIELA FONTECILLA (Name of Person)				
Name of Firm/Company)				
12305 S DIXIE HWY (Address)				
City/State and Zip Code)				
For further information concerning this matter, please call:				
DANIELA FONTECILLA at (305) 255-4145 (Area Code & Daytime Telephone Number)				
Enclosed is a check for \$35.00 made payable to the Florida Department of State.				
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314				

Articles of Amendment Articles of Incorporation

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TALLAHAR	ED ANII:30
t. of State)	S ANII: 30 E. FLORIOS

AMIR, INC.

(Name of Corporation as currently filed with the Florida Dep

(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:

"incorporated" or the abbreviation "Corp.,"	nd contain the word "corporation," "company," or "Inc.," or Co.," or the designation "Corp," "Inc," or e must contain the word "chartered," "professional
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFIC</u>	
D. If amending the registered agent and/or r new registered agent and/or the new regis	registered office address in Florida, enter the name of the stered office address:
Name of New Registered Agent:	LENAYLO GORMAN
New Registered Office Address:	9100 S DADELMO BUD, STE 1010 (Florida street address)
	MIAMI, Florida 331So (City) (Zip Code)
New Registered Agent's Signature, if changir I hereby accept the appointment as registered	

position.

(SIGNED ONLINE)
Signature of New Registered Agent, if changing

removed ar	the Officers and/or Directors, enter the office of title, name, and address of each Office of the of		rector being
<u>Title</u>	Name	<u>Address</u>	Type of Action
<u>_</u>	CARLOS FONTECILLA	12305 S DIXIE HUY MIANI, FL 33156	Add Remove
<u> </u>	MINNA VILLARONL		Add Remove
			Add Remove
	ling or adding additional Articles, enter dditional sheets, if necessary). (Be speci		
<u>provisio</u>	nendment provides for an exchange, reconst for implementing the amendment if not applicable, indicate N/A)		

The date of each amendment(s) ac	loption:	3	10	09	
Effective date if applicable:		31	10	09	
(no	more than 90 c	days aftei	amen	dment file date)	
Adoption of Amendment(s)	(CHE	CK ONE)		
The amendment(s) was/were add by the shareholders was/were su	opted by the sh fficient for app	iareholde proval.	rs. The	e number of votes cast for the amendment(s)	
				ough voting groups. The following statemen vote separately on the amendment(s):	
"The number of votes cast f	or the amendn	nent(s) w	as/were	e sufficient for approval	
by(voti	ng group)			,,,	
The amendment(s) was/were add action was not required.	opted by the bo	oard of di	rectors	without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the in	corporato	ors witl	nout shareholder action and shareholder	
Dated	3/10/0	9		\nearrow	
selected,	ector, presiden	rator – if	in the l	r – if directors or officers have not been nands of a receiver, trustee, or other court	
	c	Anco	25 1	TONTEGLLA ne of person signing)	
	(Туре	d or print	ed nam	ne of person signing)	
MESIDENT					
(Title of person signing)					