

P06000/10/65

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

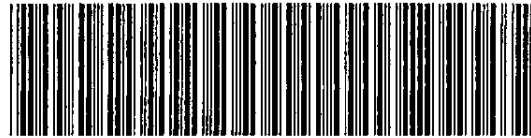
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2011 FEB -7 A 11: 09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Amend  
New's  
2-8-11*

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Finite Real Estate Corporation

DOCUMENT NUMBER: P060001/0165

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

Please return all correspondence concerning this matter to the following:

Simona Paige  
Name of Contact Person

Finite Real Estate Corporation  
Firm/ Company

16400 Collins Ave #2042  
Address

Sunny Isles Beach FL 33160  
City/ State and Zip Code

Simona.paige@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Simona Paige at (954) 647 0910  
Name of Contact Person Area Code & Daytime Telephone Number

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

- |   |  |  |   |
|---|--|--|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(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

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

(Document Number of Corporation (if known))

**A. If amending name, enter the new name of the corporation:**

**B. Enter new principal office address, if applicable:**

[illegible]

**(Mailing address MAY BE A POST OFFICE BOX)**

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Name of New Registered Agent:

Simona Paige

*New Registered Office Address:*

16400 Collins Ave #2042  
(Florida street address)

Sunny Isles Beach, Florida 33160  
(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

**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)*

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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: 2/1/11  
(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 2/1/11

Signature [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)

Simona Bunin (Paige)  
(Typed or printed name of person signing)

President  
(Title of person signing)

IN THE CIRCUIT COURT OF THE  
ELEVENTH JUDICIAL CIRCUIT IN AND  
FOR MIAMI-DADE COUNTY, FLORIDA

IN RE: CHANGE OF NAME  
OF:

**Simona Bunin**  
Petitioner.

FAMILY DIVISION

CASE NO. 2010-028794-FC-04

Section: 01

**FINAL JUDGMENT OF CHANGE OF  
NAME (ADULT)**


**THIS CAUSE** was heard on the Petition for Change of Name, and the Court having heard the testimony of the Petitioner, and being fully informed in the Premises, it is

**ADJUDGED** that said Petition hereby is granted, and Simona Bunin hereafter shall be known by the name of Simona Paige and it is further

**ADJUDGED** that the Clerk of the Court hereby is directed to report this Final Judgment for Change of Name to the Department of Rehabilitative Services of the State of Florida.

**DONE and ORDERED** in Chambers at Miami-Dade County, Florida, on this the 10th day of January, 2011

  
Ivan F. Fernandez  
CIRCUIT COURT JUDGE

STATE OF FLORIDA COUNTY OF DADE  
I HEREBY CERTIFY that the foregoing is a true and correct copy of the  
original on file in this office. JAN 10 2011  
HARVEY RUVIN, Clerk of Circuit and County Courts  
Deputy Clerk 



Lucyia O. Escoto  
9225