# PD1000001139

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORI	PORATION:	ALFAOMEGAMIAMI INT'L	CORP
DOCUMENT NU	MBER:	P07000067139	
The enclosed Artic	cles of Amendment and fee	are submitted for filing.	
Please return all co	orrespondence concerning th	nis matter to the following:	
		RAMON REYES	<u> </u>
		Name of Contact Person	
	RAMO	N REYES ACCOUNTING	
		Firm/ Company	
		5035 PALM AVE	
		Address	,
		IIALEAH, FL 33012	
		City/ State and Zip Code	
, <del></del>	DENISOM E-mail address: (to be us	T@BELLSOUTH.NET sed for future annual report notification)	
For further inform	ation concerning this matter	r, please call:	
	RAMON REYES	at ( <u>305</u> ) 82	22-0669
Name	e of Contact Person	Area Code & Daytime Tel	ephone Number
Enclosed is a chec	k for the following amount	made payable to the Florida Depar	tment 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 Circl	le

Tallahassee, FL 32301



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 21, 2011

RAMON REYES, P.A. 5035 PALM AVE HIALEAH, FL 33012

SUBJECT: ALFAOMEGAMIAMI INT'L CORP

Ref. Number: P07000067139

We have received your document for ALFAOMEGAMIAM! INT'L CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is no statutory provision to file articles of correction to correct an annual report. An amended annual report would need to be filed. The amended annual report is filed online at our website, www.sunbiz.org.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 811A00006828

HECEIVED

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SECRETARY OF STATE
SECRETARY OF STATE

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

#### ALFAOMEGAMIAMI INT'L CORP

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

P07	7000097139		
(Document Nu	mber of Corporat	ion (if known)	
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	06, Florida Statut	es, this Florida Profit	Corporation adopts the follow
A. If amending name, enter the new name of	of the corporatio	<u>n:</u>	
			The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or th name must contain the word "chartered," "pr	e designation "C	orp," "Inc," or "Co".	A professional corporation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		700 TULIP CIRCL	<u>E</u>
		WESTON, FL 33327	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5035 PALM AVE	
		HIALEAH, FL 330	12
D. If amending the registered agent and/or new registered agent and/or the new reg			nter the name of the
Name of New Registered Agent:	HEBE OCCL	JPATI	
	700 TULIP C	IRCLE	
New Registered Office Address:	(Flor	ida street address)	
	WESTON (City)	(Z	, Florida <u>33327</u> <i>(ip Code)</i>
New Registered Agent's Signature, if chang	ing Registered A	gent:	In a carrie
I hereby accept the appointment as registered	Aelo C	war with and accept th XCCUCU	e obugations of the position.
_	Signature of New	Registered Agent, if ch	nanging

## 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>	Type of Action
P	JORGE ROJAS	700 TULIP CIRCLE WESTON, FL 33327	☐ Add ☐ Remove
<u>P/S</u>	HEBE OCCUPATI	700 TULIP CIRCLE WESTON, FL 33327	
	·		
	ding or adding additional Articles, on additional sheets, if necessary). (Be		
PLEASE	REMOVE JORGE ROJAS FRO	OM THE COMPANY, ONLY P	ERSON THAT IS
GOING 7	O BE I S HEBE OCCUPATI		
	, , , , , , , , , , , , , , , , , , ,		
			<del></del>
<u>provis</u>	nmendment provides for an exchangions for implementing the amendment applicable, indicate N/A)	e, reclassification, or cancellation ent if not contained in the amendn	of issued shares, nent itself:
		,	

The date of each amendmer	nt(s) adoption: <u>03/29/2011</u>
Effective date <u>if applicable</u> :	(date of adoption is required)
entective date <u>it applicable</u> :	(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 statemented for each voting group entitled to vote separately on the amendment(s):
"The number of vote	s cast for the amendment(s) was/were sufficient for approval
by	(voting group)
action was not required.	vere adopted by the board of directors without shareholder action and shareholder vere adopted by the incorporators without shareholder action and shareholder
Dated 03/	29/2011
se	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)
	HEBE OCCUPATI
	(Typed or printed name of person signing)
	PRESIDENT/SECRETARY
	(Title of person signing)