

#### Florida Department of State

Division of Corporations Public Access System

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(((H090001501203)))



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To;

Division of Corporations

Fax Number : (85

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)220-1440

### COR AMND/RESTATE/CORRECT OR O/D RESIGN

#### **ESTELA 3 INC**

RECEIVED

19 JUN 24 AM 8: D(

EGRETARY OF STATE

LLAHASSEE. FLORIO

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Corporate Filing Menu

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6/24/19 Dr

6/24/2009 1:00 Pl

FROM : LAZARUS

FAX NO. :3052201440

## Jun. 24 2009 01:24PM P2

# rticles of Amendment

to rticles of Incorporation

Vincias of them bot an	1100	
of	70 21 PAR	121.25
ESTELA 3 INC	TO P	Fre
(Name of Corporation as currently filed with the Flori	RA CEPT. OF STATE)	يوريا
P08000031322		-
(Document Number of Corporation (if kn	lown)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this amendment(s) to its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:	Florida Profit Carporation adopts the following	កែខ្ព
name must be distinguishable and contain the word "corporation," abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "In name must contain the word "chartered," "professional association," or	ne," or "Co". A professional corporation	
B. Enter new principal office address, if applicables (Principal office address MUST BE A STREET ADDRESS)	NW 107th AVENUE	

C. Enter new mailing address, if applicable; (Mulling address MAY BE A POST OFFICE BOX)

1470 NW 107th AVENUE

SUITEE MIAMI, FL 33172

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:

EVELYN CHAPONICK

1470 NW 107th AVENUE, STE E

New Registered Office Address:

(Florida struet addruss)

SUITEE

MIAMI\_FL\_33172

MIAMI 3<u>3</u>172 Florida (City) (Zip Wode)

New Registered Agent's Signature, if chanting Registered Agent;

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

w Regish Signatur ed Agent, if changing

Page 1 of 3

H09000150120

FROM : LAZARUS

#### FAX NO. :3052201440

Jun. 24 2009 01:24PM P3

p.4

## H09000150120

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)

Title	Name		Address		Type of Action
<u> </u>	KRISTEN GONZALEZ		7955 NW 12TH SUITE 400 DORAL FL 33		□ Add ☑ Remove
\$	ALEJANDRO FREIRE	<u>.                                    </u>	1470 NW 107 SUITE E. MIAMI, EL 331		☑ Add □ Remove
		<del></del>			
E. If amondin (attach addi	g or adding additional Artic ilonal sheets, if necessary).	ics, enter c (Be specific	hange(s) here:		
F. If an anier	ndment provides for an exch for implementing the amen	ingo, rocia	ssification, or o	ancellation of issu	ied shares,
	1. 1.1				

Page 2 of 3

FROM	:LAZARUS FAX NO. :3052201440 Jun. 24 2003 01.2511	<u></u>						
	H09000150120	5						
	The date of each amendment(s) adoption: JUNE 23, 2009							
	(date of adoption is required)							
	Effective date if applicable: JUNE 23, 2009							
	(no more than 90 days after amendment file dute)							
	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 east for the amendment(s) was/were sufficient for approval							
	by							
	(voting group)							
	<ul> <li>□ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.</li> <li>□ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.</li> </ul>							
	Region was not required.							
	DatedJUNE 23							
	Signature Bollmann							
	(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)							
	appointed fiduciary by that fiduciary)							
	KRISTEN GONZALEZ							
	(Typed or printed name of person signing)							
	SECRETARY							
	(Title of person signing)							