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Amend
TRYOWN 9-6-11

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORP	ORATION:	501 ENTERPRISES II	NC
DOCUMENT NU	MBER:	P08000031898	
The enclosed Artic	les of Amendment and fee	are submitted for filing.	
Please return all co	rrespondence concerning th	nis matter to the following:	
-		JAVIER PEREZ	
		Name of Contact Person	
-	501	ENTERPRISES INC	
		Firm/ Company	
-		505 SE 1ST AVE	
		Address	
_		ORIDA CITY FL 33034	
	(City/ State and Zip Code	
	E-mail address: (to be us	ed for future annual report notification)	
For further informa	tion concerning this matter	, please call:	
JA	VIER PEREZ	at ()_	
	of Contact Person	at () Area Code & Daytime Te	lephone Number
Enclosed is a check	for the following amount i	nade 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		Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

	Articles of Incorporation of	2011 SED LEC
	501 ENTERPRISES INC.	MISCRE 2 PM
(Name of Co	orporation as currently filed with the Florida Dept.	of State) AHASON OF 2:3
	P08000031898	SEE FLOTAIL
· · -	(Document Number of Corporation (if known)	

lowing

A. If amending name, enter the new nam	e of the corporation:	The new
name must be distinguishable and conta abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered,"	the designation "Corp," "Inc," or "Co	ny," or "incorporated" or the o". A professional corporation
B. Enter new principal office address, if a (Principal office address MUST BE A STR		
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		
D. If amending the registered agent and/onew registered agent and/or the new r		, enter the name of the
Name of New Registered Agent:	JAVIER PEREZ	
New Registered Office Address:	505 SE 1ST AVE (Florida street address)	
	FLORIDA CITY (City)	, Florida 33034 (Zip Code)
New Registered Agent's Signature, if char I hereby accept the appointment as registere		

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>	Name	Address	Type of Action
PD	JULIETT S MARTINEZ	505 SE 1ST AVE FLORIDA CITY FL 33034	
<u>PD</u>	JAVIER PEREZ	505 SE 1ST AVE FLORIDA CITY FL 33034	☑ Add □ Remove
	ling or adding additional Articles, entereditional sheets, if necessary). (Be spec		
provisio	nendment provides for an exchange, reports for implementing the amendment in our applicable, indicate N/A)		
			
•			

The date of each amendmen	
Effective date if applicable:	(date of adoption is required)
, applicable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere 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 votes	cast for the amendment(s) was/were sufficient for approval
by	"
	(voting group)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder action are shareholder action and shareholder action and shareholder
Dated_08/0	5/2011
sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	JAVIER PEREZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)