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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

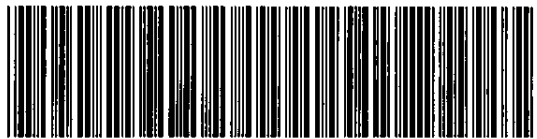
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10 JAN 28 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Roberts JAN 28 2010



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 16, 2009

ALEJANDRO NUNEZ  
1450 NW 87TH AVE STE 210  
DORAL, FL 33172

SUBJECT: OXFORD DISTRIBUTORS & MARKETING, INC  
Ref. Number: P08000096119

We have received your document for OXFORD DISTRIBUTORS & MARKETING, INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check only one box under the adoption of amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 109A00038324

RECEIVED  
2010 JAN 28 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Amendment Section  
Division of Corporations**

**NAME OF CORPORATION:** OXFORD DISTRIBUTORS & MARKETING, INC

**DOCUMENT NUMBER:** P08000096119

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

Please return all correspondence concerning this matter to the following:

ALEJANDRO NUNEZ

Name of Contact Person

Firm/ Company

1450 NW 87TH AVENUE, SUITE 210

Address

DORAL, FLORIDA, 33172

City/ State and Zip Code

VERELISP@THEAMADICOMPANIES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEJANDRO NUNEZ

Name of Contact Person

at ( 786 )

268-1349

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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 Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

**OXFORD DISTRIBUTORS & MARKETING, INC**

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

**P08000096119**

**(Document Number of Corporation (if known))**

FILED  
10 JAN 28 PM 2:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:**

N/A

*The new*

*name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
**(Principal office address MUST BE A STREET ADDRESS)**

N/A

**C. Enter new mailing address, if applicable:**  
**(Mailing address MAY BE A POST OFFICE BOX)**

N/A

**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:

N/A

New Registered Office Address:

(Florida street address)

\_\_\_\_\_, Florida  
(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>
VP,D	BENGOCHEA, JOSE A. M	280 RADA COURT CORAL GABLES, FL 33143	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VP,D	FRANCO, MARIA E. M.D	2451 BRICKEL AVENUE APT. 8A MIAMI, FL 33129	<input type="checkbox"/> Add <input checked="" 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)*

N/A

**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)*

N/A

Effective date if applicable: 12/10/2009 (date of adoption is required)  
(no more than 90 days after amendment file date)

☒ 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 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 12/10/2009

**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)

**ALEJANDRO NUNEZ**

(Typed or printed name of person signing)

**PRESIDENT**

(Title of person signing)