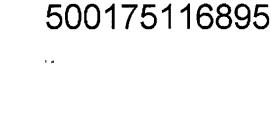
# P08000097602

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NVISION OF CORPORATIONS

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Arrend C.COULLIETTE

APR 2 3 2310

**EXAMINER** 

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:		Gil & Suarez Enterprises, Inc.	
DOCUMENT NUM	BER:	P08000097602	
The enclosed Articles	s of Amendment and fee	are submitted for filing.	
Please return all corre	espondence concerning t	his matter to the following:	
_		Patricia Gil	
		Name of Contact Person	
_		Firm/ Company	
_	9010	0 SW 137 Avenue #113	
		Miami. Fl., 33186	
		City/ State and Zip Code	
	E-mail address: (to be u	sed for future annual report notification)	
For further information	on concerning this matte	r, please call:	
	Patricia Gil Contact Person	at ( 305 ) 9 Area Code & Daytime Te	951-9789 Elephone Number
Enclosed is a check for	or the following amount	made payable to the Florida Depart	rtment 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 Addi Amendment S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	le



### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 14, 2010

GIL & SUAREZ ENTERPRISES, INC. 9010 SW 137 AVE STE 113 MIAMI, FL 33186

SUBJECT: GIL & SUAREZ ENTERPRISES, INC.

Ref. Number: P08000097602

We have received your document for GIL & SUAREZ ENTERPRISES, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

You must indicate the block to be checked to add or delete in the officers/directors area. You also need to put a signing date on your document.

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) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 510A00009224

#### Articles of Amendment to 'Articles of Incorporation

of ;

Gil & Suare	z Enterprises, Inc		
(Name of Corporation as curren	ntly filed with the Florida Dej	pt. of State)	
P080	000097602		
(Document Num	ber of Corporation (if known)		
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	, Florida Statutes, this <i>Florida</i>	a Profit Corporation add	opts the following
A. If amending name, enter the new name of	the corporation:		
			The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the contain the word "chartered," "professions".	designation "Corp," "Inc," or	"Co". A professional o	
B. Enter new principal office address, if appl			
(Principal office address <u>MUST BE A STREET</u>	TADDRESS )		10 ISS
			APR
			- 23 FAI
C Entar new mailing address if applicables			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	TE BOX)		A PP
	·		- 2 豪气
			_ •
D. If amending the registered agent and/or re		rida, enter the name of	<u>the</u>
new registered agent and/or the new registered	tered office address:		
Name of New Registered Agent:			
-			
New Registered Office Address:	(Florida street addre	<u></u>	
	(	,	
-	(C:t)	, Florida	<del></del>
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag		ccept the obligations of th	e position.
$\frac{-}{Si}$	gnature of New Registered Age	ent, 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>	Type of Action
<u> </u>	Julia I. Gil	12542 SW 119TH CT MIAMI FL 33186	☐ A'dd ☐ Remove
<u>VP</u>	Patricia E. Gil	12542 SW 119TH CT MIAMLEL 33186	☐ Add □ Remove
<u>VP</u>	Rita Y. Suarez	12542 SW 119TH CT MIAMLEL 33186	Add Remove
(attach ad	ditional sheets, if necessary). (Be s	pecific)	
provisio	nendment provides for an exchange, ns for implementing the amendment of applicable, indicate N/A)		
Julia I. Gil	98% Shares		
Patricia E.	Gil 1% Shares	·	
Rita Y. Sua	arez 1% Shares		

The date of each amendment	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90) days after amendment file date)
	(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	re adopted by the shareholders. The number of votes cast for the amendment(sere sufficient for approval.
	re approved by the shareholders through voting groups. The following statemed 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)
•	(voting group)
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder
Dated	
sele	a director, president or other officer – if directors or officers have not been exted, by an incorporator – if in the hands of a receiver, trustee, or other court cointed fiduciary by that fiduciary)
	Tulia I GIL (Typed or printed name of person signing)
	PRESIDENT (Title of person signing)