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TALLAHASSEE. FLORID

Amend

TR JUL 27 2009

## **COVER LETTER**

TO: Amendment Section

**Mailing Address** 

P.O. Box 6327

Amendment Section

Division of Corporations

Tallahassee, FL 32314

**Division of Corporations** NAME OF CORPORATION: Adonai's Group Corporation **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: orge Mederos donais Group Corporation 55 S. Pine Ave E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$43.75 Filing Fee & **■\$43.75** Filing Fee & □ \$52.50 Filing Fee \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed)

Street Address

**Clifton Building** 

Amendment Section

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

## Articles of Amendment to Articles of Incorporation

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(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

	-		The new
me must be distinguishable and contain breviation "Corp.," "Inc.," or Co.," or th me must contain the word "chartered," "pi	he designation "Co	orp," "Inc," or "Co".	or "incorporated" or the A professional corporation
Enter new principal office address, if aprincipal office address <u>MUST BE A STRE</u>			<u>S. Pine</u> A1 , FL 3448
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF	<u>le:</u> TCE BOX)	Same a	s above
If amending the registered agent and/or new registered agent and/or the new reg			ter the name of the
Name of New Registered Agent:			_
Name of New Registered Agent:  New Registered Office Address:	(Florid	da street address)	<u> </u>
		,	, Florida
	(Florid	,	, Florida ip Code)
New Registered Office Address:	(City)	(Z	, Florida ip Code)
New Registered Office Address:  w Registered Agent's Signature, if change	(City)	(Z	ip Code)
	(City)	(Z	ip Code)

## 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 '	<u>Name</u>	<u>Address</u>	Type of Action
VP	<u>Mederos,</u> Valería S.	2960NWG Miami, FL3	975t7 Add
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F Ifomen	ding or adding additional Articles, e	nter change(s) here:	
	dditional sheets, if necessary). (Be s		
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	nendment provides for an exchange, ons for implementing the amendmen		
	ot applicable, indicate N/A)	/	
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The date of each amendment	(s) adoption: 7/2/09
Forestive data if applicable	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
	re approved by the shareholders through voting groups. The following statemend 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)
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated	7/21/09
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	Torge FeCix Mederos  (Typed or printed name of person signing)
	Pre si olew t.  (Title of person signing)