P09000028491

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Doci	ument Number)	j
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	
		;

Office Use Only



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Amend News 5-20-09

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORP	IE OF CORPORATION: Arbelaez Services, Inc.			
DOCUMENT NUI	MBER:	P09000028491		
The enclosed Articl	es of Amendment and fee	are submitted for filing.		
Please return all cor	respondence concerning t	his matter to the following:		
_	Patricia Arbelaez			
		Name of Contact Person		
_		Firm/ Company		
9735 Fontainebleau Blvd				
		Address		
-		Miami, FL 33172 City/ State and Zip Code		
	E-mail address: (to be us	ed for future annual report notification)		
For further informat	ion concerning this matter	r, please cail:		
Be	atriz Arbelaez	at (786)4	127-7487	
Name o	f Contact Person	Area Code & Daytime To	elephone Number	
Enclosed is a check	for the following amount	made payable to the Florida Depa	rtment of State:	
\$35 Filing Fee	☑ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Add Amendment Division of C P.O. Box 632	Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

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09 MA	112	AMII.A
En.	13	AM 11. ~

Arbelaez		Inc.	3 AM 11:54
(Name of Cornoration as current			
(Maine of Corporation as current	ly filed with	the Florida Dept. of State	AMII: 54 Y OF STATE EE, FLORIDA
P0900	002849	I	LORIDA
(Document Number	er of Corpora	ation (if known)	•
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Ștati	utes, this Florida Profit Corporation ac	lopts the followin
A. If amending name, enter the new name of the	<u>ie corporati</u>	on:	
			The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the de name must contain the word "chartered," "profes	signation "	Corp," "Inc," or "Co". A professional	
B. Enter new principal office address, if applic	able:	10765 NW 50th Street	
(Principal office address <u>MUST BE A STREET</u>			
		Apt 303	
		Miami, FL 33178	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)	10765 NW 50th Street	
		Apt 303	
		Miami, FL 33178	
D. If amending the registered agent and/or reg new registered agent and/or the new register			`the
Name of New Registered Agent: Be	Beatriz Arbelaez		
10)765 NW 5	50th Street Apt 303	
New Registered Office Address: (Florida street address)			
Mi	ami	, Florida_331	78
	(City,	(Zip Code)	
Now Designationed Assent's Signature if shoughest	Dogiotomod (1	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	t I gm fam	iliar, with and accept the obligations of t	he position.
		V / / / / · · · · · · ·	-
Sion	ature of Not	Registered Agent, if changing	
/ 5.8.	o oj 1106	/ ///	

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>	Address	Type of Action
<u>P</u>	Patricia Arbelaez	9735 Fountainebleau Blvd Apt G-205 Miami, FL 33172	
PD	Beatriz Arbelaez	10765 NW 50th Street Apt 303 Miami, FL 33178	☑ Add □ Remove
	ding or adding additional Articles, dditional sheets, if necessary). (Be		
		· · · · · · · · · · · · · · · · · · ·	
<u>provisi</u>		e, reclassification, or cancellation of i	
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