

P09000055861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

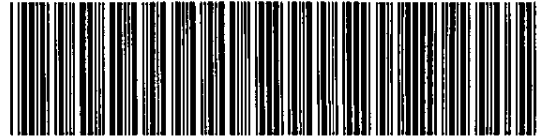
(Business Entity Name)

(Document Number)

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11/28/16--01052--002 \*\*35.00

S TALLENT

JAN 04 2017

*Amend*

FILED  
16 DEC 23 AM 11:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

16 DEC 23 PM 12:32

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

December 1, 2016

ENRIQUE SIU  
QUAIL ROOST INTERNATIONAL  
1319 SAN IGNACIO AVENUE  
CORAL GABLES, FL 33146

SUBJECT: QUAIL ROOST INTERNATIONAL, INC.  
Ref. Number: P09000055861

We have received your document 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 document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 216A00025622

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: QUAIL ROOST INTERNATIONAL INC

DOCUMENT NUMBER: P000055861

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

Please return all correspondence concerning this matter to the following:

ENRIQUE SIU

Name of Contact Person

~~HT~~ QUAIL ROOST INTERNATIONAL INC

Firm/ Company

1172 S. DIXIE HWY #601

Address

CORAL GABLES, FL 33146

City/ State and Zip Code

JAVIER@SIUMAIL.NET ✓

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

For further information concerning this matter, please call:

JAVIER SIU

Name of Contact Person

at ( 305 ) 254-4031

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)

PREVIOUSLY PAID

**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

Quail Roost International Inc

P09000055861

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 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."

REC 23 AM 11:45  
TAMPA COUNTY STATE  
MASSIE, FLORIDA

**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:**

(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

Page 1 of 4

**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)*

*Please note the officer/director title by the first letter of the office title:*

*P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD*

*Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.*

**Example:**

X Change                      PT      John Doe

X Remove                      V      Mike Jones

X Add                              SV      Sally Smith

Type of Action  
(Check One)

Title

Name

Address

1) Change                      P                      Javier SJU                      1172 S. Dixie Hwy #601  
X Add                                                                        Coral Gables, FL 33146  
Remove

2) Change                      VS                      ERMESIU FOUNDATION                      1319 San Ignacio Ave  
Add                                                                        Coral Gables FL 33146  
Remove

3) Change                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
Add                                                                        \_\_\_\_\_  
Remove

4) Change                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
Add                                                                        \_\_\_\_\_  
Remove

5) Change                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
Add                                                                        \_\_\_\_\_  
Remove

6) Change                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
Add                                                                        \_\_\_\_\_  
Remove

(Attach additional sheets, if necessary). (Be specific)

(Attach additional sheets, if necessary). (Be specific)

[illegible]

(if not applicable, indicate N/A)

(if not applicable, indicate N/A)

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The date of each amendment(s) adoption: December 14, 2016, if other than the date this document was signed.

Effective date if applicable: December 14, 2016  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ 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 amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)

☒ 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 December 14, 2016

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)

ENRIQUE SIU

(Typed or printed name of person signing)

PRESIDENT OF HERMESID FOUNDATION

(Title of person signing)