P10000001953

(R	Requestor's Name)	
(A	ddress)	
(A	.ddress)	
(C	city/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nan	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		l
Certified Copies	Certificates	

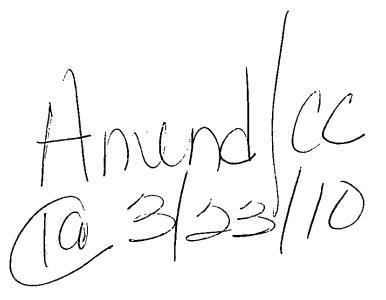
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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF COR	PORATION: El Sen	or de los Milagros,Inc.	
			· · · · · · · · · · · · · · · · · · ·
DOCUMENT N	UMBER: P1000000	1953	
The enclosed Arti	icles of Amendment and fee a	are submitted for filing.	
Please return all c	orrespondence concerning th	is matter to the following:	
	Maritza Huaitalla		,
		lame of Contact Person	
	El Senor de los Mil	agros, Inc.	
		Firm/ Company	
	11381 S.W. 247	Terr.	
		Address	
,	Homestead, Florid		
	C	ity/ State and Zip Code	
,	biznezsenz@aol.c	com	
سد .يت	E-mail address: (to be use	d for future annual report notification)	
For further inform	nation concerning this matter,	please call:	
Maritza Hua	aitalla	at (786) 355-51	140
Nam	e of Contact Person	Area Code & Daytime Te	ephone Number
Enclosed is a chec	k for the following amount n	nade payable to the Florida Depar	tment of State:
\$35 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 A Amendme		Street Address Amendment Section	
Division of Corporations		Division of Corporations	

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle



March 4, 2010

MARITZA HUAITALLA EL SENOR DE LAS MILAGROS, INC. 11381 SW 247 TERRACE HOMESTEAD, FL 33032

SUBJECT: EL SENOR DE LOS MILAGROS, INC.

Ref. Number: P1000001953

We have received your document for EL SENOR DE LOS MILAGROS, 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):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

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) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 910A00005405

Articles of Amendment to Articles of Incorporation of

El Senor de los Milagros, Inc.			
(Name of Corporation as currently filed with the Florida Dept. of State)			f State)
P100000195	3		f State)
	mber of Corporat	ion (if known)	
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:		tes, this <i>Florida Pr</i> e	ofit Corporation adopts the fol
A. If amending name, enter the new name of	of the corporatio	<u>n:</u>	
Same	•		The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pre	e designation "C	orp," "Inc," or "Co	". A professional corporation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		11381 S.W. 2	47 Terr.
		Homestead, FL 33032	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		Same as abov	/e
D. If amending the registered agent and/or new registered agent and/or the new regi			, enter the name of the
Name of New Registered Agent:	Maritza Hu	ıaitalla	
	11381 S.W. 247 Terr.		
New Registered Office Address:	(Flori	ida street address)	
	Homestea	d	Florida 33032
•	(City)		(Zip Code)
New Registered Agent's Signature, if changi I hereby accept the appointment as registered of	ing Registered A	gent: liar with and accept	the obligations of the position.
	9.0	Paristance de la constance de	Cahanaina

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
Sole Director	Ney Paredes	11381 S.W. 247 Terr.	_ [] Add
		Homestead, FL 33032	Remove
ole Director	-Maritza Huaitalla		X Add
OIC DIFCCIO	·	Homestead, Fl. 33032	Remove
			- □ Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			•
E. <u>If amending</u>	or adding additional Ar	ticles, enter change(s) here:	
	ional sheets, if necessary).		
<u> </u>			· · · · · · · · · · · · · · · · · · ·

		:	
	······································	A STATE OF THE STA	
F. If an amen	dment provides for an ex	change, reclassification, or cancellation of iss	ued shares.
provisions	for implementing the am	endment if not contained in the amendment i	
(if not a	pplicable, indicate N/A)		
	······································		
		• .	
			•

The date of each amendment(s) adoption: March 1, 2010
Effective date if applicable:	(date of adoption is required) March 1, 2010
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wenders was/wenders was/wenders	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes c	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
•	(voting group)
The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated	NA-
Signature	How Comments and the second
	director, president or other officer – if directors or officers have not been
	led, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Maritza Huaitalla
	(Typed or printed name of person signing)
	Sole Director
	(Title of person signing)