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Office Use Only



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: VALDEZ E	ENTERPRISES,	CORP.
DOCUMENT NUMBER: P1000002708	89	
The enclosed Articles of Amendment and fee are s	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
LUIS R. ORTIZ		
	Name of Contact Person	n
	Firm/ Company	
2090 EAST OSC		AY
	Address	
KISSIMMEE, FL		
	City/ State and Zip Cod	e
NEWYORKPOWER	_	
E-mail address: (to be u	ised for future annual report	notification)
For further information concerning this matter, plea	ase call:	
LUIS R. ORTIZ	at (914	384-0736
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee & Certificate of Status enclosed)	□\$43.75 Filing Fee & Certified Copy (Additional copy is (Additional C	□\$52.50 Filing Fee Certificate of Status Certified Copy
·	(Flathonal C	is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle

Articles of Amendmen LED

Articles of Incorporation 21 AM 11: 28

VALDEZ ENTERPRISE	S, CORP.	SECRETARY OF	STATE	
(Name of Corporation as	s currently filed with the Flo	mida Delith & State	TIKIUF	
P10000027089	n 3,	V23		
(Documen	nt Number of Corporation (if	known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corpora	tion adopts the following	; amendment(s) to
A. If amending name, enter the new na	ame of the corporation:			
N/A				_The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	'o". A professional c	ncorporated" or the ab orporation name must c	breviation contain the
B. Enter new principal office address,	if applicable:	2090 EAST OS	CEOLA PARKWAY	
(Principal office address <u>MUST BE A S</u>		KISSIMMEE	, FL.	
		34743		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		2090 EAST OS	CEOLA PARKWAY	
(maining undiess MAT DENT OST	OTTICE BON	KISSIMMEE	., FL.	
		34743		
D. If amending the registered agent an		ss in Florida, enter th	e na me of the	
new registered agent and/or the new	LUIS R. ORTIZ			
Name of New Registerea Agent	2090E. OSCEOI	_A PKWY	<del></del>	
	(Florida stree	,		
New Registered Office Address:	KISSIMMEE	, F	orida 34743	
	(City)		(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regis	hanging Registered Agent: gred agent. I am familiar wi gnature of New Registered Agent	(2)	gations of the position.	·
$\bigvee$ $S_{i}$	gnature of thew negistered Ag	sem, ij enanging		

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 Jol	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sa</u> l	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	D	LUIS R. ORTIZ	2090 E. OSCEOLA PKWY KISSIMMEE, FL. 34743
2) Change Add Remove	D	JOSE R. MARMOELJO	2090 E. OSCEOLA PARKWAY KISSIMMEE, FL. 34743
Change Add . Remove	D	LUIS M. LEONARDO	2090 E. OSCEOLA PARKWAY KISSIMMEE, FL. 34743
4) Change Add Remove	<u>D</u>	JOSE B. RODRIGUEZ	2090 E. OSCEOLA PKWY KISSIMMEE, FL. 34743
5) Change Add Remove	D	EDUARDO LEONARDO	2090 E.OSCEOLA PKWY KISSIMMEE, FL. 34743
6) Change Add Remove			

. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)
NONE	
	·
an amendment provides for an exchan	ge, reclassification, or cancellation of issued shares,
	endment if not contained in the amendment itself:
NONE	
• • • • • • • • • • • • • • • • • • • •	

The date of each amendment(s) a	doption: 12/07/2011
	2/07/2011
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement 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)
action was not required.  The amendment(s) was/were ad	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
action was not required.  Dated 12/07/	12011 Lus Onles
(By selecte	firector, president of other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court ated fiduciary by that fiduciary)
	LUIS R. ORTIZ
	(Typed or printed name of person signing)
	DIRECTOR
	(Title of person signing)