

| (| (Requestor's Name) | |
|----------------------|--------------------------|---------------|
| (| (Address) | |
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| PICK-UP | WAIT | MAIL |
| | (Business Entity Name) | · · · · · · · |
| (Document Number) | | |
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SECRETARY OF STATE

ANEXO 9/EIL



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

September 7, 2010

RICHEL RODRIGUEZ MIAMI FLORIDA PROFESSIONAL SERVICES CORP 6555 NW 36 ST., SUITE 207 VIRGINIA GARDENS, FL 33166

SUBJECT: MIAMI FLORIDA PROFESSIONAL SERVICES, CORP.

Ref. Number: P10000036071

We have received your document for MIAMI FLORIDA PROFESSIONAL SERVICES, CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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.

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

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) 245-6880.

Karen Gibson Document Specialist Supervisor

Letter Number: 110A00021309

COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPORATION: MIAMI FLORIDA PROFESSIONAL SERVICES, CO | | | |
|--|--|--|--|
| DOCUMENT NU | MBER: | P10000036071 | |
| The enclosed Artic | cles of Amendment and fee a | are submitted for filing. | |
| Please return all co | orrespondence concerning th | is matter to the following: | |
| | | Richel Rodriguez | |
| | N | lame of Contact Person | |
| | Miami Florida | a Professional Services, Corp. | |
| | | Firm/ Company | |
| | 6555 | NW 36 ST, Suite 207 Address | |
| | | iia Gardens, FL 33166 ity/ State and Zip Code | <u> </u> |
| | miami Florid E-mail address: (to be use | a 10@ Jahoo. Co | <u>)</u> |
| For further informa | ation concerning this matter, | please call: | |
| | of Contact Person | at (305) 97 Area Code & Daytime Tele | 72-1178 ephone Number |
| Enclosed is a check | c for the following amount m | nade payable to the Florida Depart | ment 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 |
| Mailing Ac Amendmen Division of P.O. Box 63 | t Section Corporations | Street Address Amendment Section Division of Corporations Clifton Building | |

2661 Executive Center Circle

Tallahassee, FL 32301

COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION: <u>Higmi</u> Flor | rida Professional Services, Corp. |
|--|--|
| DOCUMENT NUMBER: P10000536 | 1706 |
| The enclosed Articles of Amendment and fee are | submitted for filing. |
| Please return all correspondence concerning this n | natter to the following: |
| Richel | Rodriquez e of Contact Person |
| Miami Florida | Professional Services, Corp. Firm/Company |
| 6222 hm 36e | T, Suite 207 Address |
| Virginia Garden City/ Miamiclorida E-mail address (to be used to | State and Zip Code 100 yok 00 · COM or future annual report notification) |
| For further information concerning this matter, ple Richel Rodriguez Name of Contact Person | ease call: at (_305) _ 972 - 1178 Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount mad | |
| \$35 Filing Fee \$\to\$ Certificate of Status | □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed) |
| 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 |

Articles of Amendment

| Miami Florida Professional Se | vices, Corp. |
|--|--|
| (Name of Corporation as currently filed with t | he Florida Dept. of State) |
| P10000036071 | |
| (Document Number of Corporation | on (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statute amendment(s) to its Articles of Incorporation: | es, this Florida Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corporation | <u>ı:</u> |
| | The new |
| name must be distinguishable and contain the word "corpe abbreviation "Corp.," "Inc.," or Co.," or the designation "Co name must contain the word "chartered," "professional associa | oration," "company," or "incorporated" or the orporation or "Co". A professional corporation |
| B. Enter new principal office address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | SEC |
| | AR P |
| | FILED PASSET |
| C. Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2 |
| | 20 2 8 2 0 |
| | <u> </u> |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add | |
| Name of New Registered Agent: Richel | Rodriguez |
| <u>6222 H</u> | w 36 ST, Sulte 207 |
| New Registered Office Address: (Florid | da street address) |
| Virginia (City) | Cip Code) |
| New Registered Agent's Signature, if changing Registered Agent | gent: |
| I hereby accept the appointment as registered agent. I am famili | |
| Signature of New | Registered Agent, if changing |

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 ' | Name | Address | Type of Action |
|-------------|--|---------------------------------------|----------------|
| <u>P</u> | Koyner Perez | 245 E. 345T Hiakah, Fl 33013 | Add Remove |
| P | Richel Rodriguez | 3621 SW 5 TER Miami, FL 33135 | Add Remove |
| | | | Add Remove |
| | ling or adding additional Articles, enter | | |
| (attach ad | lditional sheets, if necessary). (Be speci | <i>fic)</i> | |
| | | | |
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| | | | |
| provisio | nendment provides for an exchange, recons for implementing the amendment if ot applicable, indicate N/A) | | |
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| The date of each amendment | (s) adoption: <u>August 6, 2010</u> |
|--|---|
| Ties | (date of supption is required) |
| Effective date if applicable: | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/we by the shareholders was/we | re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval. |
| The amendment(s) was/we must be separately provide | ere approved by the shareholders through voting groups. The following statement ed 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) |
| action was not required. | ere adopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/we action was not required. | re adopted by the incorporators without shareholder action and shareholder |
| Dated | 3/6/2010 |
| sele | a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary) |
| | Richel Rodriguez (Typed or printed name of person signing) |
| · | President (Title of person signing) |