P10000042995

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Amend C.COULLIETTE

MAY 2 4 2010

EXAMINER

COVER LETTER

, TO: Amendment Section
Division of Corporations

NAME OF COR	PORATION:	ROJAS FENCE INC	
DOCUMENT NUMBER:		P10000042995	
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:	
		BELKIS ROJAS	
	N	Jame of Contact Person	Marie w
	R	OJAS FENCE INC	
		Firm/ Company	
2		205 MANOEL LN	
		Address	
DAVENPORT, FL 33837 City/ State and Zip Code			
		ity/ State and Zip Code	
	belkis_ma E-mail address: (to be use	arichal@yahoo.com arichal@yahoo.com d for future annual report notification)	
For further inform	ation concerning this matter,	please call:	
E	BELKIS ROJAS	at (407)50	6-5217
	e of Contact Person	at (407) 50 Area Code & Daytime Tele	phone Number
Enclosed is a chec	k for the following amount n	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)
P.O. Box 6	nt Section f 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

ROJAS FENCE INC	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P10000042995	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the followamendment(s) to its Articles of Incorporation:	ving

name must be distinguishable and contain th	e word "corporation"	"company" or "incorporated" or
abbreviation "Corp.," "Inc.," or Co.," or the diame must contain the word "chartered," "profe	lesignation "Corp," "Inc,	" or "Co". A professional corpor
B. Enter new principal office address, if appli		NOEL LN
(Principal office address <u>MUST BE A STREET</u>		PORT, FL 33837
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX) 205 MAI	NOEL LN
	DAVENI	PORT, FL 33837
D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered Agent:		Florida, enter the name of the
New Registered Office Address:	(Florida street a	ddress)
		, Florida
_	(City)	(Zip Code)

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			☐ Add☐ Remove
No Strike			Remove
			
	ding or adding additional Articles, endeditional sheets, if necessary). (Be s		
provisi	mendment provides for an exchange ions for implementing the amendment applicable, indicate N/A)		

The date of each an	nendment(s) adoption: MAY 20, 2010
	(date of adoption is required)
Effective date <u>if ap</u>	(no more than 90 days after amendment file date)
Adoption of Ameno	lment(s) (CHECK ONE)
	s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) ers was/were sufficient for approval.
	s) was/were approved by the shareholders through voting groups. The following statement ly provided for each voting group entitled to vote separately on the amendment(s):
"The numbe	or of votes cast for the amendment(s) was/were sufficient for approval
by	, , , , , , , , , , , , , , , , , , , ,
•	(voting group)
The amendment(action was not re	s) was/were adopted by the board of directors without shareholder action and shareholder equired.
The amendment(action was not re	s) was/were adopted by the incorporators without shareholder action and shareholder equired.
Da	mated_MAY 20, 2010
Si	gnature Burn
	(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)
	BELKIS ROJAS
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)