

P10000079985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

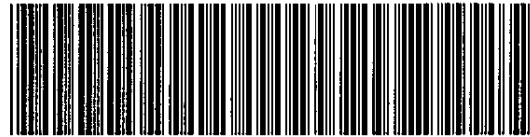
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/15/10--01032--003 **35.00

Amers

FILED
10 OCT 21 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts OCT 21 2010



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2010

BARBARA IGLESIAS
CREDITO IN DEMAND
4701 SW 72 AVE
MIAMI, FL 33155

SUBJECT: CREDITO IN DEMAND INC
Ref. Number: P10000079985

We have received your document for CREDITO IN DEMAND INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 710A00024508

COVER LETTER

TO: Amendment Section
Division of Corporations

ATTN:
Tina Roberts

NAME OF CORPORATION: CREDITO IN DEMAND

DOCUMENT NUMBER: P10000079985

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

Please return all correspondence concerning this matter to the following:

BARBARA IGLESIAS

Name of Contact Person

CREDIT IN DEMAND

Firm/ Company

4701 SW 72 AVE

Address

MIAMI, FL 33155

City/ State and Zip Code

CREDITINDEMAND@YAHOO.COM

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

RECEIVED
10 OCT 21 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

BARBARA IGLESIAS

Name of Contact Person

at (305) 227-8613

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)

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
to
Articles of Incorporation
of

FILED

10 OCT 21 PM 3:51

CREDITO IN DEMAND INC

SECRETARY OF STATE
STATE OF FLORIDA

(Name of Corporation as currently filed with the Florida Dept. of State)

P10000079985

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

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."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

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:

Name of New Registered Agent:

GABRIELA IGLESIAS

New Registered Office Address:

4701 SW 72 AVE

(Florida street address)

MIAMI

(City)


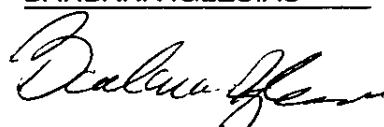
, Florida 33155
(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

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


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>	<u>Type of Action</u>
P	RENELO MARTINEZ 	4701 SW 72 AVE MIAMI, FL 33155	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
P	GABRIELA IGLESIAS	4701 SW 72 AVE MIAMI, FL 33155	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
VP	BARBARA IGLESIAS 	4701 SW 72 AVE MIAMI, FL 33155	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: 10-19-10
(date of adoption 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/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 10/18/2010

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)

GABRIELA IGLESIAS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)