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SECRETARY OF STATE
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ALLAHASSEE. FLORIDA

10R 3/30/11

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	OCTAVIO RAMOS FENCES SERVICES INC
DOCUMENT NUMBER: _	P11000003862
The enclosed Articles of Amendme	ent and fee are submitted for filing.
Please return all correspondence co	ncerning this matter to the following:
	OCTAVIO CANDELARIA RAMOS
	Name of Contact Person
	OCTAVIO RAMOS SERVICES INC
	Firm/ Company
	303 BELLAIR ROAD
-	Address
	FORT MYERS, FLORIDA 33905
	City/ State and Zip Code
E-mail addr	ess: (to be used for future annual report notification)
For further information concerning	this matter, please call:
OCTAVIO CANDELARIA	
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following	g amount made payable to the Florida Department of State:
□ \$35 Filing Fee	
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 Articles of Incorporation



OCTAVIO RAMOS FENCES SERVICES, INC

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

SECRETARY OF STATE TALLAHASSEE: FLORIDA

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(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following

orporation," "company," or "incorporated" or the "Corp," "Inc," or "Co". A professional corporation ociation," or the abbreviation "P.A." OCTAVIO CANDELARIA RAMOS 303 BELLAIR ROAD FORT MYERS FLORIDA 33905
303 BELLAIR ROAD
303 BELLAIR ROAD
FORT MYERS FLORIDA 33905
ice address in Florida, enter the name of the address:
CANDELARIA RAMOS
AIR ROAD orida street address)
ERS , Florida 33905 (Zip Code)
Agent:
Agent: miliar with and accept the obligations of the position.
1

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>	Name	Address	Type of Action
<u> </u>	ROBERTO GARCIA	1825 LINHART AVE LOT 39 C FORT MYERS FLORIDA 33901	☐ Add ☑ Remove
<u>P</u>	OCTAVIO C. RAMOS	303 BELLAIR ROAD FORT MYERS FL 33905	☑ Add □ Remove
<u></u>			☐ Add ☐ Remove
(attach ada CHANGE C	ng or adding additional Articles, enter litional sheets, if necessary). (Be speci OF PRESIDENT OF CORPORATI	change(s) here: fic) ON	
provision	endment provides for an exchange, rec is for implementing the amendment if applicable, indicate N/A)		

The date of each amendmen	t(s) adoption: 03/21/2011					
Effective date <u>if applicable</u> :	03/21/2011 (date of adoption is required)					
<u> </u>	(no more than 90 days after amendment file date)					
Adoption of Amendment(s)	(<u>CHECK ONE</u>)					
The amendment(s) was/we by the shareholders was/w	ere adopted by the shareholders. The number of votes cast for the amendment(ere sufficient for approval.					
	ere approved by the shareholders through voting groups. The following statement of 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/we 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_03/2	1/2011					
Signature	1 State of the sta					
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 ointed fiduciary by that fiduciary)					
	ROBERTO GARCIA					
	(Typed or printed name of person signing)					
	PRESIDENT					
	(Title of person signing)					