## P11000023376

(Requestor's Name)
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PICK-UP WAIT MAIL
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Amend Newis 6-1-11

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

Certificate of Status Certified Copy Certificate of S  (Additional copy is enclosed) Certified Copy	NAME	OF CORPORATION:	LOUIS	DE SACY ESTATE	E, INC.
Please return all correspondence concerning this matter to the following:    CLIFFORD KORNFIELD, ESQ.     Name of Contact Person	DOCUMENT NUMBER:			P11000023376	<u> </u>
CLIFFORD KORNFIELD, ESQ.  Name of Contact Person  LAW OFFICES OF CLIFFORD KORNFIELD, P.A.  Firm/ Company  11400 SW 68 COURT  Address  MIAMI FL 33156 US  City/ State and Zip Code  kornlaw@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Clifford Kornfield at (305) 666-7202  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  State   Sta	The encl	osed Articles of Amendment	and fee are submit	ted for filing.	
Name of Contact Person	Please re	eturn all correspondence conc	erning this matter t	o the following:	
LAW OFFICES OF CLIFFORD KORNFIELD, P.A.  Firm/ Company  11400 SW 68 COURT  Address  MIAMI FL 33156 US  City/ State and Zip Code  kornlaw@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Clifford Kornfield at ( 305 ) 666-7202  Area Code & Daytime Telephone Number  Code & Daytime Telephone Number  Area Code & Daytime Telephone Number  Code & Daytime Telephone Number  Code & Daytime Telephone Number  Code & Code & Daytime Telephone Number  Code & Daytime Telephone Number  Code & Code & Daytime Telephone Number  Code & Daytime Telephone Number  Code & Daytime Telephone Number  Code & C					
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MIAMI FL 33156 US  City/ State and Zip Code    Kornlaw@gmail.com			11400 SW 6	8 COURT	
City/ State and Zip Code			Addı	ess	
Kornlaw@gmail.com			MIAMI FL	33156 US	
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Clifford Kornfield at (305) 666-7202  Name of Contact Person Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  S35 Filing Hee \$\Begin{array}{c} \$\$43.75 Filing Fee & \$\$52.50 Filing Fee & \$\$52.50 Filing Fee & \$\$Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed)  Additional Copy (Additional Copy (Additional Copy Certified Copy Certified Copy Certified Copy Certified Copy (Additional Copy Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy (Additional Copy Certified Copy		E-mail address	kornlaw@gma : (to be used for future	ill.com annual report notification)	<del></del>
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Enclosed is a check for the following amount made payable to the Florida Department of State:    \$35 Filing Fee		Clifford Kornfield	at (_	305 ) 6	666-7202
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	- 0	Certificate of S	tatus Ce	rtified Copy	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301	- A D P	Amendment Section Division of Corporations 2.O. Box 6327	Ame Divi Clift 2661	ndment Section sion of Corporations on Building Executive Center Circ	le



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 18, 2011

CLIFFORD KORNFIELD, ESQ. LAW OFFICES OF CLIFFORD KORNFIELD, P.A. 11400 SW 68 COURT MIAMI, FL 33156

SUBJECT: LOUIS DE SACY ESTATE, INC.

Ref. Number: P11000023376

We have received your document for LOUIS DE SACY ESTATE, INC., however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 811A00012332

I HAY 26 AM 9: 52 SECRETARY OF STATE

## Articles of Amendment to Articles of Incorporation of

FILED 11 HAY 26 AM 10: 41

LOUIS DE SACY ES	STATE,	INC.
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

(Name of Corporation as currently filed with the Florida Dept. of State)
P11000023376
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> 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)  Mrami, Fl
33154
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  [1400 SW 48 CT]
Miami, F1 33/56
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:
New Registered Office Address: (Florida street address)
(City) (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

Jun. 1. 2011 12:50PM CLIFFORD KORN	RNETEL	D P.
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No. 4956 P. 3

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>Ti</u>	<u>tle</u>	Name	Address	Type of Action
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F.	If an ame	ndment provides for an exchange, recla	essification, or cancellation of iss	ued shares,
		for implementing the amendment if n	ot contained in the amendment i	tself:
	(ij noi i	applicable, indicate N/A)		

Jun. 1. 2011 12:50PM	CLIFFORD KORNFIELD P. A.	No. 4956 P
The date of each amendment	(s) adoption:	
Effective date if applicable:	(date of adoption is required)	
<u> </u>	(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 ca ere sufficient for approval.	st for the amendment(s)
	re approved by the shareholders through voting groups.  If for each voting group entitled to vote separately on the	
"The number of votes	cast for the amendment(s) was/were sufficient for appro	val
by	***	
	(voting group)	
The amendment(s) was/we action was not required.	re 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 acti	on and shareholder
Dated	/31/2011	
Signature (By selo	a director, president or other officer – if directors or officed, by an incorporator – if in the hands of a receiver, to ointed fiduciary by that fiduciary)	
	SACY ALAIN (Typed or printed name of person signing)	
	(Title of person signing)	