111000027725

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Okyrotaterziph Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
Codified Coning Codification of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500208428165

**35.00 **35.00 **35.00

Amus

FILED
11 JUN 21 PM 4: 01
SECRETARSSEE, FLORIDA

M 62111

Antonieta Otatti

From: Sent: corphelp@dos.state.fl.us] Wednesday, June 15, 2011 12:23 PM

To:

Antonieta Otatti

Subject:

RE: Amerikan Builders inc

PECHVED

Commence Between

11 JUN 21 AM 9: 43

SECRETARY OF STATE-TALLAHASSEE, FLORIDA

See a copy of the letter you will be receiving in the mail below:

June 10, 2011

YENILEN A. MOLA AMERIKAN BUILDERS INC 5841 NW 194TH TERR MIAMI, FL 33015

SUBJECT: AMERIKAN BUILDERS, INC

Ref. Number: P11000027725

We have received your document for AMERIKAN BUILDERS, 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):

The date of adoption of each amendment must be included in the document.

The document must have original signatures.

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: 111A00014260

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Thank You, Cathy Mitchell Software Scheduling Specialist Florida Department of State

COVER LETTER

TO: Amendment Section Division of Corporations.

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPO	PRATION:	AMERIKAN BUILDERS,	INC
DOCUMENT NUM	IBER:	P11000027725	
The enclosed Article	s of Amendment and fee a	are submitted for filing.	
Please return all corr	espondence concerning th	is matter to the following:	
		'ENILEN A. MOLA	·
	ľ	Name of Contact Person	
	An	nerikan Builders Inc	
		Firm/ Company	•
_	584	1 NW 194TH TERR	
		Address	
_	· · · · ·	MIAMI, FL 33015 City/ State and Zip Code	
		ouilders@gmail.com	
	E-mail address: (to be use	d for future annual report notification)	
For further informati	on concerning this matter,	please call:	
	uel A. Taveras	at (305)9	
Name of	Contact Person	Area Code & Daytime Te	elephone Number
Enclosed is a check f	or the following amount n	nade payable to the Florida Depar	rtment 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		Street Address Amendment Section Division of Corporations	

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment to Articles of Incorporation of

AMERIKAN	N BUILDERS, INC		SECRETARY
(Name of Corporation as curre	ently filed with the Florid	la Dept. of State)	11 JUN 2,
P11	000027725		r.SECIPET.
(Document Num	nber of Corporation (if kno	own)	TALLAHASSEE OF
(Document Num ursuant to the provisions of section 607.1006 mendment(s) to its Articles of Incorporation:	6, Florida Statutes, this F	lorida Profit Corpo	pration adopts the
. If amending name, enter the new name of	f the corporation:		
ame must be distinguishable and contain t bbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "proj	designation "Corp," "Inc	c," or "Co". A pro	ofessional corporat
Enter new principal office address, if appl Principal office address <u>MUST BE A STREE</u>	licable:		
	<u> </u>		
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC			· · · · · · · · · · · · · · · · · · ·
. If amending the registered agent and/or renew registered agent and/or the new regis		n Florida, enter the	e name of the
Name of New Registered Agent:			
New Registered Office Address:	(Florida street a	address)	
			orida
	(City)	(Zip Code	e)
New Registered Office Address: - New Registered Agent's Signature, if changin Thereby accept the appointment as registered ag		, Flo	le)

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>	Address	Type of Action
<u>DR</u>	Miguel A. Taveras	18530 NW 84th Ave Hialeah, Fl 33015	☑ Add □ Remove
	 		
	· · ·		
	dditional sheets, if necessary). (Be s		
	nendment provides for an exchange,		
	ons for implementing the amendmen ot applicable, indicate N/A)	t ii not contained in the amendn	ient itse <u>it:</u>

The date of each amendment(s) adoption: 05-05-2011
Effective date <u>if applicable</u> :	(date of adoption is required)
Effective date <u>ir applicable</u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
, ,	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	ast for the amendment(s) was/were sufficient for approval
by	,,,
•	(voting group)
The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder
✓ The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated 06-16	5-2011
selec	a director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	YENILEN A. MOLA
	(Typed or printed name of person signing)
	President
	(Title of person signing)