

Florida Department of State
Division of Corporations
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To:

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DIVISION OF CORPORATIONS
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COR AMND/RESTATE/CORRECT OR O/D RESIGN
GABLES EXCELLENCE SERVICES CORPORATION

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Amend
10 8/3/11

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COVER LETTERTO: Amendment Section
Division of Corporations

H11000194637

NAME OF CORPORATION: GABLES EXCELLENCE SERVICES CORPORATIONDOCUMENT NUMBER: P11000064917The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEX D. SIRULNIK, ESQ.

Name of Contact Person

ALEX D. SIRULNIK, P.A.

Firm/ Company

2701 PONCE DE LEON BLVD. STE 202

Address

CORAL GABLES, FL 33134

City/ State and Zip Code

YKATON@SIRULNIKLAW.COM

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

For further information concerning this matter, please call:

YOLANDA KATON

Name of Contact Person

at (305)443-7211

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 &
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(Additional copy is enclosed)☐ \$52.50 Filing Fee
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(Additional Copy is enclosed)Mailing AddressAmendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314Street AddressAmendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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August 2, 2011

FLORIDA DEPARTMENT OF STATE

Division of Corporations

GABLES EXCELLENCE SERVICES CORPORATION
21270 VIA EDEN
BOCA RATON, FL 33433US

SUBJECT: GABLES EXCELLENCE SERVICES CORPORATION
REF: P11000064917

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The new corporate and officer address is not legible. Please verify whether or not it's 590 OCEAN DRIVE OR 690 OCEAN DRIVE.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

FAX Aud. #: H11000194637
Letter Number: 511A00018192

RECEIVED

11 AUG -2 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

GABLES EXCELLENCE SERVICES CORPORATION

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

P11000064917

(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**)

590 OCEAN DRIVE #2A

KEY BISCAYNE, FL 33149

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

SAME AS ABOVE

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)

_____, Florida
(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

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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	STEVEN MINOR	590 OCEAN DRIVE #2A KEY BISCAYNE, FL 33149	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
T	MARITZA MINOR	590 OCEAN DRIVE #2A KEY BISCAYNE, FL 33149	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
P	ALICIA E. MENDA	21270 VIA EDEN BOCA RATON, FL 33433	<input type="checkbox"/> Add <input checked="" 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)

The date of each amendment(s) adoption: 8/2/11 H11000194637
(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 August 2, 2011

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)

Alex D. Sirulnik, Esq.

(Typed or printed name of person signing)

Incorporator

(Title of person signing)