

P120000017959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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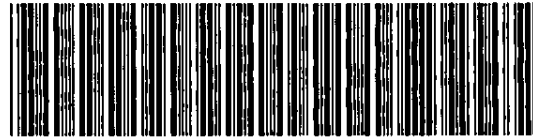
(Business Entity Name)

(Document Number)

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14 MAR 24 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

C. LEWIS
MAR 24 2014
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 13, 2014

ONOFRE BONNIN
1627 BRICKELL AVE SUITE 905
MIAMI, FL 33129 US

SUBJECT: SOUTH FLORIDA REAL PROPERTY MANAGEMENT INC
Ref. Number: P12000017959

We have received your document for SOUTH FLORIDA REAL PROPERTY MANAGEMENT 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 document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 514A00005522

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: South Florida Real Property Management Inc

DOCUMENT NUMBER: P12000017959

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

Please return all correspondence concerning this matter to the following:

ONOFRE BONNIN

Name of Contact Person

Firm/ Company

1627 BRICKELL AVE SUITE 905

Address

MIAMI,FLORIDA 33129

City/ State and Zip Code

OBONNIN@SOUTHFLORIDARPM.COM

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

For further information concerning this matter, please call:

ONOFRE BONNIN

Name of Contact Person

at (786)

351-3515

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

APPROVED
AND
FILED

14 MAR 24 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

SOUTH FLORIDA REAL PROPERTY MANAGEMENT INC

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

P12000017959

(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:

N/A

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**)

N/A

C. Enter new mailing address, if applicable:

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

N/A

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 **N/A**

(Florida street address)

New Registered Office Address: **N/A**, Florida
(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

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

N/A

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

APPROVED
AND
FILED

The date of each amendment(s) adoption: _____
date this document was signed.

14 MAR 24 PM 2:19

, if other than the

Effective date if applicable: 03/10/2014

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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 03/10/2014

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)

ONOFRE BONNIN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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