## P12000031377

| (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP | _ |
|---|---|
| (City/State/Zip/Phone #)                                |   |
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| PICK-UP WAIT MAIL                                       |   |
|   |   |
| (Business Entity Name)                                  |   |
| (Document Number)                                       |   |
| Certified Copies Certificates of Status                 |   |
| Special Instructions to Filing Officer:                 |   |
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UIVISION OF CORPORATION 30

Amend holds and cho

## **COVER LETTER**

| TO: Amendment Section Division of Corporations  |  |  |  |  |  |
|---|--|--|--|--|--|
| NAME OF CORPORATION: Fle Martinez, Inc  |  |  |  |  |  |
| DOCUMENT NUMBER: P12000037377   |  |  |  |  |  |
| The enclosed Articles of Amendment and fee are submitted for filing.  |  |  |  |  |  |
| Please return all correspondence concerning this matter to the following:   |  |  |  |  |  |
| Eleonora Martinez Name of Contact Person  |  |  |  |  |  |
| <u>Ele Martinez</u>   |  |  |  |  |  |
| Firm/ Company   |  |  |  |  |  |
| 11291 Heron Bay Blud, #3023   |  |  |  |  |  |
| Coral Springs, 7L 33076 City State and Zip Code   |  |  |  |  |  |
| Elett Roal estate & amail. com E-mail address: (to be used for future annual report solification)   |  |  |  |  |  |
| For further information concerning this matter, please call:  |  |  |  |  |  |
| Eleonora Martinez 11 (954) 235-6174   |  |  |  |  |  |
| 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:   |  |  |  |  |  |
| \$35 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed) |  |  |  |  |  |
| Mailing Address Street Address  |  |  |  |  |  |
| Amendment Section Amendment Section Division of Corporations Division of Corporations   |  |  |  |  |  |
|   |  |  |  |  |  |

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314



June 18, 2012

ELEONORA MARTINEZ 2 ELE MARTINEZ INC 11291 HERON BAY BLVD #3023 CORAL SPRINGS, FL 33076

2ND MAILING

SUBJECT: ELE MARTINEZ INC Ref. Number: P12000037377

We have received your document for ELE MARTINEZ 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 specific business purpose of the professional association must be stated in the document.

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.

Irene Albritton Regulatory Specialist II

Letter Number: 712A00016895



May 9, 2012

ELEONORA MARTINEZ ELE MARTINEZ INC 11291 HERON BAY BLVD #3023 CORAL SPRINGS, FL 33076

SUBJECT: ELE MARTINEZ INC Ref. Number: P12000037377

We have received your document for ELE MARTINEZ 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 specific business purpose of the professional association must be stated in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

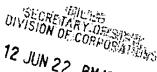
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 112A00013923

Irene Albritton Regulatory Specialist II

www.sunbiz.org

## Articles of Amendment to Articles of Incorporation



|  | of 12 July 22   |
|--|---|
| Flo Martiniz To  | of 12 JUN 22 PM 12: 30  |
| (Name of Corporation as currently filed with the   | e Florida Dept. of State)   |
| P1200037377  |   |
| (Document Number of Corporation  | a (if known)  |
| (Document Number of Corporation  | I (II KIIOWII)  |
| Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:                               | nis Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation:  |   |
| Ele Martines PA.   | TV.   |
| name must be distinguishable and contain the word "corpora   | tion." "company." or "incorporated" or the abbreviation             |
| "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," of word "chartered," "professional association," or the abbreviation | r "Co". A professional corporation name must contain the            |
| B. Enter new principal office address, if applicable:  | NIA   |
| (Principal office address MUST BE A STREET ADDRESS)  |   |
|  |   |
| ·  |   |
|  |   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  |   |
| (maning unures) Miles DE 15 1 OST OF FICE BOT  |   |
|  |   |
|  |   |
|  |   |
| D. If amending the registered agent and/or registered office at<br>new registered agent and/or the new registered office addr    |   |
|  |   |
| Name of New Registered Agent 15anale   | Abramson  |
| 1133 Nu  | Justh La.   |
| (Florida   | street address)   |
| New Registered Office Address: Cora, 5   | 071001 .Florida 38071   |
| New Registered Office Address. (C  | ty) (Zip Code)  |
|  |   |
|  |   |
| New Registered Agent's Signature, if changing Registered Age   |   |
| I hereby accept the appointment as registered agent. I am familia  | ar with and accept the obligations of the position.                 |
| ( Lange Ale  | DAMOSON   |
| Signature of New Registere   | ed Agent, if changing   |

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X_Change          | <u>PT</u>    | John Doe    | <u> </u>      |                 |  |
|----------------------------|--------------|-------------|---------------|-----------------|--|
| X Remove                   | <u>v</u>     | Mike Jon    | <u>ies</u>    |                 |  |
| X Add                      | <u>sv</u>    | Sally Sm    | <u>ith</u>    |                 |  |
| Type of Action (Check One) | <u>Title</u> |             | <u>Name</u>   | <u>Addres</u> s |  |
| 1) Change<br>Add           | <u>N</u>     | <u>I</u> A  |               | <br><del></del> |  |
| Remove                     |              |             |               |                 |  |
| 2) Change Add Remove       |              | <del></del> |               | <br>            |  |
| 3) Change<br>Add<br>Remove |              |             |               |                 |  |
| 4) Change<br>Add<br>Remove |              |             |               | <br>            |  |
| 5) Change<br>Add<br>Remove |              | <u> </u>    |               | <br>            |  |
| 6) Change<br>Add<br>Remove | <del></del>  | <del></del> | <del>, </del> |                 |  |

| (attach additional sheets, if necessary). (Be specified)                            |  |
|---|--|
| 982   |  |
| Article III The PA  | . will sell lease                              |
| market and trac   | le in Residential<br>real estate.              |
| and commercial  | real estate.                                   |
|   |  |
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|   |  |
| If an amendment provides for an exchange, recla                                     | ssification, or cancellation of issued shares, |
| provisions for implementing the amendment if n<br>(if not applicable, indicate N/A) | ot contained in the amendment itself:          |
| NIA   |  |
|   |  |
|   |  |
|   |  |
| , ' ' <del>' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '</del>                                  |  |
|   |  |
|   |  |
|   |  |

| The date of each amendment(s) adoption:  |
|--|
| Effective date if applicable: 5/1/12   |
| (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)  |
| (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 51112  |
| Signature Signature  |
| (By a director, president prothe) 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)   |
| Eleonosa Martinez  |
| (Typed or printed name of person signing)  |
| President  |
| (Title of person signing)  |