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SECRETARY OF STATE
TALL AHASSEF FLORIDA

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#### **COVER LETTER**

Division of Corporations Miami Gralestate Toverfuent & Munggement Brown Cor, **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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 □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy

enclosed)

### **Mailing Address**

TO: Amendment Section

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

(Additional Copy is enclosed)

## Articles of Amendment to

Articles of Incorporation

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01-11	of his and his confidence of the confidence of t
Miami Keal Estate Investment	& Management Med 29.
(Name of Corporation as currently filed with	SEUMP TARY OF STATE
M2000058685	FALLAHASSEE FLORIDA
(Document Number of Corpora	ation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporati	ion:
	The new
name must be distinguishable and contain the word "corp" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc., word "chartered," "professional association," or the abbrevi	poration," "company," or "incorporated" or the abbreviation ," or "Co". A professional corporation name must contain the iation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	)
C. Enter new mailing address, if applicable:	1444 Biscarpe Blud #314
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	1999 Uscaybe DNO 77319
	Miami FL 33132
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a	
new registered agent and/or the new registered office a	(MIT C35)
Name of New Registered Agent	
(Fla	orida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	Agent:
I hereby accept the appointment as registered agent. I am fa	
Signature of New Pagi	istored 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 <math>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: XChange	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	D	<del></del>	Maria Carmen Mijares	1444 Biscayne Bld #31
X_ Add				Miami FL 33/32
Remove				
2) Change		<u> </u>		
Add				
Remove				
3)Change				
Add				
Remove				
4)Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

f amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
<del>- , , , , , , , , , , , , , , , , , , ,</del>	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an indication of issued shares, and an indication of itself:

The date of each amendment(s) adoption:
Effective date if applicable:
(no more than 90 days after amendment file date)
Advistance of Association (CHECK ONE)
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 Virgieth Olivella."
(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 July 23, 2012
Signature Amilla 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 figuration by that fiduciary)
Vunieth Olivella
(Typed or printed name of person signing)
President.
(Title of person signing)