

P12000065458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

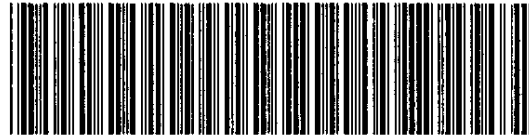
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FRAFEGIU CORP

DOCUMENT NUMBER: P12000065458

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

Please return all correspondence concerning this matter to the following:

ROBERTO E MACHO

Name of Contact Person

MACHO & ASOCIADOS CONSULTING CORP

Firm/ Company

1110 BRICKELL AVE. STE 800

Address

MIAMI - FL 33131

City/ State and Zip Code

RMACHO@UHY-MACHO.COM

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

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TALLAHASSEE

For further information concerning this matter, please call:

ROBERTO E MACHO

Name of Contact Person

at (305) 503-2700

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 18, 2014

MACHO & ASOCIADOS CONSULTING CORP.
1110 BRICKELL AVENUE, SUITE 800
MIAMI, FL 33131

SUBJECT: FRAFEGIU CORP
Ref. Number: P12000065458

Debit Memo #: 09062-B

This is to inform you that your check #1252 dated February 18, 2014 in the amount of \$35.00 and submitted for FRAFEGIU CORP has been returned to us by your bank because of CLOSED ACCOUNT.

As we cannot take credit card information over the phone, we request that you remit a cashier's check or money order in the amount of \$50.00 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashiers check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: The documents filed in this office with the returned check will be cancelled unless a replacement check is received within 30 days from the date of this letter. Send the replacement check to:

Division of Corporations
Attn: Garry Leonard
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions concerning the returned check, please call (850) 245-6887.

Sincerely,
Garry Leonard
Administrative Assistant
Division of Corporations

Letter number: 614A00005755



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

14 JUL 15 PM 1:57

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

June 9, 2014

MACHO & ASOCIADOS CONSULTING CORP.
1110 BRICKELL AVENUE, SUITE 800
MIAMI, FL 33131

SUBJECT: FRAFEGIU CORP
Ref. Number: P12000065458

We have received your document for FRAFEGIU CORP and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

I am sorry but you are going to have to refile the amendment that was cancelled due to a returned check. You missed the cut off date to keep the original date of February 24th. That amendment has been cancelled. We are returning the money order to you.

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.

Diane Cushing
Senior Section Administrator

Letter Number: 314A00012316

Thanks Diane,
Sorry for the inconvenience
Regards,
JI

Articles of Amendment
to
Articles of Incorporation
of

FILED
14 JUL 15 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FRAFEGIU CORP

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

P12000065458

(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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 _____

(Florida 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 familiar with and accept the obligations of the position.

Signature of New Registered 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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

| Type of Action (Check One) | Title | Name | Address |
|--|----------|--------------------------------|-------------------------------|
| 1) <input type="checkbox"/> Change | <u>P</u> | <u>ANDRES MARENGO</u> | <u>18440 NW 78 AVE</u> |
| <input type="checkbox"/> Add | | | <u>MIAMI FL 33015</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 2) <input type="checkbox"/> Change | <u>P</u> | <u>Federico Papale Schwarz</u> | <u>3000 NE 188 ST APT 501</u> |
| <input checked="" type="checkbox"/> Add | | | <u>MIAMI FL 33180</u> |
| <input type="checkbox"/> Remove | | | |
| 3) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 4) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 5) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |

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

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

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 7/11/2014

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)

ANDRES MARENGO

(Typed or printed name of person signing)

President

(Title of person signing)

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TALLAHASSEE, FLORIDA