## P12000066877

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Arend. 09/30/13

## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: MAIPU VILLA CORP DOCUMENT NUMBER: P12000066877 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) For further information concerning this matter, please call: at ( 305 ) 503-2700 Area Code & Daytime Telephone Number ROBERTO E MACHO

■ \$35 Filing Fee

TO: Amendment Section

□\$43.75 Filing Fee & Certificate of Status

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

□\$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** 

Name of Contact Person

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

## **Articles of Amendment**

## Articles of Incorporation of MAIPU VILLA CORP

ment(s) to

(Documen	nt Number of Corporation (if k	nown)		•	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this Flo	orida Profit Corporation ado	pts the following	g amen	dmei
A. If amending name, enter the new na	nme of the corporation:				
N/A				The	new
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co	". A professional corporati	ated" or the al on name must c	brevia	ıtion
B. Enter new principal office address,					
(Principal office address MUST BE A S	<u>TREET ADDRESS</u> )		ű.	<b>න්</b> :	
			· · · · · · · · · · · · · · · · · · ·	649	~ S
			77, 171		inches.
C. Enter new mailing address, if appli				9	e. C
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)		- <del> </del>	<u>Z</u>	1
				5.	1
			1025 2010 2010	ਨੰ	
D. If amending the registered agent an	d/or registered office addres	s in Florida, enter the name	of the		
new registered agent and/or the new		5 III I TOTALIQ ETTER THE ITEM	0		
Name of New Registered Agent	N/A				
	(Florida street	address)			
New Registered Office Address:		, Florida			
	(City)		(Zip Code)		
New Registered Agent's Signature, if c	hanging Registered Agent:				
I hereby accept the appointment as regist		h and accept the obligations	of the position.		
Si	gnature of New Registered Age	ent, 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	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	Т	EUGENIO CRESPO	8750 NW 36 ST STE 250
X Add			DORAL FL 33178
Remove			
2) Change			
Add			<del></del>
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			···
Remove			
6) Change			
Add			
Remove			

	ending or adding additional Articles, enter change(s) here: h additional sheets, if necessary). (Be specific)	
/A		
•		
		<del></del>
If an ar	amendment provides for an exchange, reclassification, or c	ancellation of issued shares
provis	visions for implementing the amendment if not contained in	the amendment itself:
(i)	(if not applicable, indicate N/A)	THE BITTER OF THE PARTY OF THE
/A 🖺		

date this document was signed.	_, ii other than the
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 9/16/2013	
Signature from J. Mosss.	_
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)	
JUAN J AROSSA	
(Typed or printed name of person signing)	_
<u>V</u>	<del></del>
(Title of person signing)	