

P12000070521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

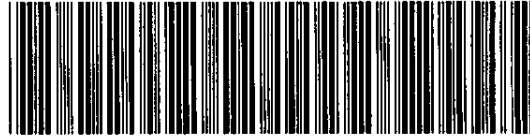
Special Instructions to Filing Officer:

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15 JUN 10 PM 2:08

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Use Only



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06/08/15--01012--012 **25.00

06/30/15--01032--022 **10.00

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

15 JUN 26 PM 2:05

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 17, 2015

JOSEFINA A GATTEI
EZEQUIEL FISCHER PA
1000 EAST HALLANDALE BCH BLVD..., STE. 28
HALLANDALE BEACH, FL 33009

SUBJECT: MIRMAR I, INC.
Ref. Number: P12000070521

FILED
15 JUN 26 PM 2:06
TALLAHASSEE, FLORIDA

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The incorrect form was submitted. Please complete form pursuant to Florida Profit Corporation, section 607.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 615A00012761

COVER LETTER

TO: Amendment Section
Division of Corporations

FILED
15 JUN 26 PM 2:06
TALLAHASSEE, FLORIDA

NAME OF CORPORATION: MIRMAR I, INC
DOCUMENT NUMBER: P12000070521

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

Please return all correspondence concerning this matter to the following:

JOSEFINA GATTEI
Name of Contact Person
EZEQUIEL FISCHER P.A.
Firm/ Company
1000 E HALLANDALE BEACH BLVD.
Address
HALLANDALE BEACH, FL 33009
City/ State and Zip Code
assistantefischercpa@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSEFINA GATTEI at (305) 527-3502
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 & 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)

\$10.00
DUE

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

RECEIVED
15 JUN 26 AM 7:59
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

MIRMAR I, INC.

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

P12000070521

(Document Number of Corporation (if known))

FILED
15 JUN 26 PM 2:06
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

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:

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**)

**1000 E. HALLANDALE
BEACH BLVD., # 28
HALLANDALE, FL 33009**

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

**1000 E. HALLANDALE
BEACH BLVD., # 28
HALLANDALE, FL 33009**

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 **JOSEFINA A. GATTEI P.A.**

1000 E. HALLANDALE BEACH BLVD
(Florida street address)

New Registered Office Address: **HALLANDALE BEACH**, Florida **33009**
(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

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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☐ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>PTD</u>	<u>MARTINEZ, MARIA</u>	<u>17501 BISCAYNE BLVD</u> <u>SUITE 400</u> <u>AVENTURA, FL 33160</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VPD</u>	<u>RODRIGUEZ, MIRTA</u>	<u>17501 BISCAYNE BLVD</u> <u>SUITE 400</u> <u>AVENTURA, FL 33160</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>MGR</u>	<u>EZEQUIEL FISCHER</u>	<u>1000 E HALLANDALE</u> <u>BEACH BLVD, # 28</u> <u>HALLANDALE, FL 33009</u>
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	_____	_____	_____

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

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)

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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 June 22, 2015

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)

Josefina Petter
(Typed or printed name of person signing)

Registered Agent.
(Title of person signing)