

P12000072512

(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:

Office Use Only



300272765313

05/11/15--01026--003 **95.00

FILED
15 JUN -1 AM 9:11
CLERK OF STATE
TALLAHASSEE, FLORIDA

JUN 02 2015

C McNAIR

CRM
5-15-15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 15, 2015

CARLOS A. MACCHI
8 SWANS HOUSE CO
P.O. BOX 161976
MIAMI, FL 33116-1976

SUBJECT: 8 SWANS HOUSE CO
Ref. Number: P12000072512

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please check only one type of action on page 2. If adding check add, if changing check change, and if removing check remove only.

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

Cheryl R McNair
Regulatory Specialist II

Letter Number: 415A00010285

FILED
15 JUN -1 AM 9:41
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED
15 JUN -1 PM 1:46
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: 8 SWANS HOUSE CO

DOCUMENT NUMBER: P1200007512

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

Please return all correspondence concerning this matter to the following:

CARLOS A. MACCHI

Name of Contact Person

8 SWANS HOUSE CO

Firm/ Company

P. O. BOX 161976

Address

MIAMI, FL 33116-1976

City/ State and Zip Code

macchiins@bellsouth.net

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

For further information concerning this matter, please call:

CARLOS A. MACCHI

Name of Contact Person

at (305) 967-0471

Area Code & Daytime Telephone Number

Phone / Fax: (305) 200-3586

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)

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

FILED
15 JUL -1 AM 9:41
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of
8 SWANS HOUSE CO

FILED
JUL - 1 1988
TALLAHASSEE
FLORIDA

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

P1200007512

(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:

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)

RIVIERA THEATRE PLAZA BUILDING
1550 SOUTH DIXIE HIGHWAY STE 208
CORAL GABLES, FL 33146-3034
USA

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

P. O. BOX 161976
MIAMI, FL 33116-1976
USA

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

Carlos A. Macchi

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

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u>X</u> Change	<u>PST</u>	<u>Carlos Alberto Macchi</u>	<u>22311 SW 88 Path</u>
___ Add			<u>Cutler Bay, Fl 33190</u>
___ Remove			_____
2) ___ Change	<u>T</u>	<u>Melina S. Cajal</u>	<u>22311 SW 88 Path</u>
___ Add			<u>Cutler Bay, Fl 33190</u>
<u>X</u> Remove			_____
3) ___ Change	_____	_____	_____
___ Add			_____
___ Remove			_____
4) ___ Change	_____	_____	_____
___ Add			_____
___ Remove			_____
5) ___ Change	_____	_____	_____
___ Add			_____
___ Remove			_____
6) ___ Change	_____	_____	_____
___ Add			_____
___ Remove			_____

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

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 05/08/2015, 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):*

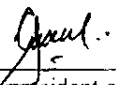
"The number of votes cast for the amendment(s) was/were sufficient for approval

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 05/08/2015

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)

Carlos Alberto Macchi
(Typed or printed name of person signing)

President
(Title of person signing)