

P13000024403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT☐ MAIL

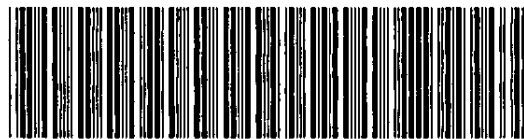
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600250068466

07/29/13--01034--003 **35.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
13 AUG 28 AM 9:08

XC 9/5



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 30, 2013

MANUEL J BELTRAN
M & Y ASSOCIATED CORP
695 E 8 CT
HIALEAH, FL 33010 US

SUBJECT: M & Y ASSOCIATED CORP
Ref. Number: P13000024403

We have received your document for M & Y ASSOCIATED CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tina D Carter
Regulatory Specialist II

Letter Number: 913A00018353

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: M & Y ASSOCIATED CORP
DOCUMENT NUMBER: P13000024403

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

Please return all correspondence concerning this matter to the following:

MANUEL J. BELTRAN
Name of Contact Person
M & Y ASSOCIATED CORP
Firm/ Company
695 E 8 CT
Address
HIWALEH FL 33010
City/ State and Zip Code
chiro3644@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MANUEL J BELTRAN at (786) 317-3046
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:

- | | | | |
|---|--|---|--|
| <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

13 AUG 28 AM 9:08

(Document Number of Corporation (if known))

4

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) <u>X</u> Change	<u>VP</u>	<u>Guillermo Sandoz</u>	<u>2132 SW 138 CT</u>
_____ Add			<u>MIAMI FL 33175</u>
_____ Remove			
2) _____ Change			
_____ Add			
_____ Remove			
3) _____ Change			
_____ Add			
_____ Remove			
4) _____ Change			
_____ Add			
_____ Remove			
5) _____ Change			
_____ Add			
_____ Remove			
6) _____ Change			
_____ Add			
_____ Remove			

E. If amending or adding additional Articles, enter change(s) here:

(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: 8/10/13, if other than the date this document was signed.

Effective date if applicable: 8/10/13
(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 MANUEL J. BELTRAN."
(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 8/10/13

Signature MANUEL J. BELTRAN
(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)

MANUEL J. BELTRAN
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)