Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H130002205193)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

R. WHITE

Account .Name : FASTKIT CORP Account Number: I20100000009

: (305)599-0839

Phone Fax Number

: (305)592-9591

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN A & A PARKING LOT MAINTENANCE INC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

10 OCT -3 MMI: 54

SECRETARY OPSTATE
MALLAHASSEE, FLORIDA

Articles of Amendment to Articles of Incorporation of

A & A PARKING LOT MAINT	ENANCE INC		
(Name of Corporation as current	ly filed with the Florida Dept	. of State)	
P13000058152			
(Document Number	er of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Flants Articles of Incorporation:	orida Statutes, this <i>Florida Pro</i>	fit Corporation adopts the fol	lowing amendment(s) to
A. If amending game, enter the new name of the	ie corporation!		
			Tha new
nams must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered." "professional association," or	Corp." "Inc," or "Co". A pri	iny," or "(neorporated" or i ofessional corporation name	the abbreviation must contain the
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET)	able: AODRESS)		
C. Enter new mailing address, if applicable; (Muiling address MAY BE A POST OFFICE	<u> </u>		
	•		
D. If amending the registered agent and/or resigner registered agent and/or the new register	istered office address in Flor red office address:	ida, enter the name of the	
Name of New Registered Agent			
	(Florida street address)	,	
New Registered Office Address:		Florida	
	(Cip)	(Zip Coa	ie)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	Registered Agent:	cept the obligations of the posi	ition,
Signature	of New Registered Agent, if the	noine	

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 thould 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 Saily Smith, SV as an Add. Example: X_Change PT John Doe Y Mike Jones X Remove X Add SV Sally Smith <u>Address</u> Type of Action Title Name (Check One) **CONSUELO PEREZ** 10000 NW 80 CT #201 DIR Change HIALEAH GARDENS, FL 33016 Remove Change Remove Change Add Remove Change ۸dd Remove

Change Add

Remove

tach additiona	dding additional A I sheets, if necessary). (Be specifi	c)			
	<u> </u>			-		
·	····				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-
·				<u>. </u>		
						
				<u> </u>		
	· · · · · · · · · · · · · · · · · · ·					
	·					
			·	<u>,, </u>		
						
1			•			
		<u> </u>				
	····					_
					·	
		•				
An amondmen	it provides for an e implementing the a	<u>xchange, recla</u>	<u>sification, or c</u>	ancellation of I	ssued shares,	
if not appl	icable, indicate N/A	i venalment if it	Ar converment	THE BIREPULE	(4 Becarist	
		, , , , , , , , , , , , , , , , , , , 				
	····			· 	·	
				·········		
			 -			
	· -					
	. -					
						

•		
		· i
		ļ
The date of each amendment(s) adoption: 10/02/2013 date this document was signed.	_ if other than the	
10/02/0012		
Effective date if applicable: 10/02/2013 (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 10/02/2013		
melo		
Signature (By a director, president or other officer – if directors or officers have not been	<u></u>	
selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)		
AILYN RAVELO		
(Typed or printed name of person signing)	_	
PRESIDENT		
(Title of person signing)	-	
	•	
	·	

.



October 3, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ADVENIR@MANSFIELD GP, INC. 17501 BISCAYNE BLVD SUITE 300 AVENTURA, FL 33160

SUBJECT: ADVENIR@MANSFIELD GP, INC.

REF: P13000051289

PLEASE GIVE ORIGINAL SUBMISSION DATE AS FILE DATE

10/2

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

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.

Rebekah White Regulatory Specialist II FAX Aud. #: B13000218810 Letter Number: 713A00023214

RECEIVED
13 OCT -3 PHI2: 27
UNISION OF CORPORATIONS
TALLANASSEE FINANTIONS

PLEASE GIVE ORIGINAL SUBMISSION DATE AS FILE DATE

10/2

P.O BOX 6327 - Tallahassee, Florida 32314

SECRETARY OF STATES
SALLAHASSEE, FLORIDA

Amplest

OCT = 4 2013

R. WHITE