

P13000060582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

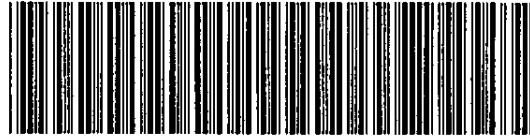
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 AUG 28 AM 8:19

FILED

C. LEWIS
Sept 16, 2013
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 15, 2013

ANTONIO GONZALEZ, CPA
GONZALEZ & ASSOCIATES, PA
8436 W. OAKLAND PARK BLVD.
SUNRISE, FL 33351

SUBJECT: EL BALCON DE LAS AMERICAS VI, INC.
Ref. Number: P13000060582

We have received your document for EL BALCON DE LAS AMERICAS VI, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

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

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.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 713A00019485

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: EL BALCON DE LAS AMERICAS VI, INC

DOCUMENT NUMBER: P13000060582

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

Please return all correspondence concerning this matter to the following:

ANTONIO GONZALEZ

Name of Contact Person

GONZALEZ & ASSOCIATES, PA

Firm/ Company

8436 W. OAKLAND PARK BLVD

Address

SUNRISE, FL 33351

City/ State and Zip Code

AJGONZALEZCPA@GAINC-CPA.COM

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

For further information concerning this matter, please call:

ANTONIO GONZALEZ at (954) 868-4160
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

Articles of Amendment
to
Articles of Incorporation
of

EL BALCON DE LAS AMERICAS VI, INC

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

P13000060582

(Document Number of Corporation (if known))

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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**)

15391 PINES BLVD
PEMBROKE PINES, FL 33027

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

15391 PINES BLVD
PEMBROKE PINES, FL 33027

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

15391 PINES BLVD

(Florida street address)

New Registered Office Address:

PEMBROKE PINES

(City)

Florida 33027X

(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

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:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>ALVARO TOBAR</u>	<u>15391 PINES BLVD</u> <u>PEMBROKE PINES,</u> <u>FLORIDA 33027</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>ROBERTO VELEZ</u>	<u>15391 PINES BLVD</u> <u>PEMBROKE PINES,</u> <u>FLORIDA 33027</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>SANTIAGO SALDARRIAGA</u>	<u>15391 PINES BLVD</u> <u>PEMBROKE PINES,</u> <u>FLORIDA 33027</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>DEBBIE TOBAR</u>	<u>15391 PINES BLVD</u> <u>PEMBROKE PINES,</u> <u>FLORIDA 33027</u>
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>SILVIA OCHOA</u>	<u>15391 PINES BLVD</u> <u>PEMBROKE PINES,</u> <u>FLORIDA 33027</u>
6) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>JOSE ALBARRICIN</u>	<u>15391 PINES BLVD</u> <u>PEMBROKE PINES,</u> <u>FLORIDA 33027</u>

The date of each amendment(s) adoption: July 12, 2013
date this document was signed.

Effective date if applicable: July 12, 2013
(no more than 90 days after amendment file date)

if other than the
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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 July 12, 2013

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)

ALVARO TOBAR

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)