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COR AMND/RESTATE/CORRECT OR O/D RESIGN HERMIDA'S BACK HOE SERVICE, CORP.

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CORPUSA



## H14000178537

## COVER LETTER

Division of Corporations
NAME OF CORPORATION: Heemida's Back the Seaver, Coap
DOCUMENT NUMBER: 014000055313
The enclosed Articles of Amendment and for are submitted for filing.
Please return all correspondence concerning this matter to the following:
(AZARO HERNICA Name of Contact Person
Name of Contact Person
Firm/ Company
17800 SiD 17645 Stacet  Address  ハファンファ , F1 · 33156  City/ State and Zip Code
Address
MAM, F1. 33156
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LAZDED HEEMINDS # 186 207-3009
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
Certificate of Status Certified Copy Certificate of Status
(Additional copy is Certified Copy
enclosed) (Additional Copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section
Division of Corporations Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Talinhassee, FL 32301

## Articles of Amendment to Articles of Incorporation

Articles of Incorporation
Heemmas Back Hoe Sepuine Copp.
(Name of Corporation as currently filed with the Florida Dept. of State)
P1400005531a
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation edopts the following amendment(s) to its Articles of incorporation:
A. If amending name, enter the new name of the corporation:  Heenvola's Backtoe Seevice, Coep. 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."
8. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter pew mailing address, If applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered office address:
Name of New Registered Agent
(Florida street uddress)
New Registered Office Address:
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

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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 John Doe X Remove Y Mike Jones X Add <u>SV</u> Sally Smith <u>Address</u> Type of Action Title Name (Check One) 1) \_\_\_\_ Change \_\_\_\_ Add \_ Remove 2) \_\_\_\_ Change \_\_\_\_Add \_\_\_\_ Romove 3) \_\_\_\_ Change \_\_\_ Add \_\_\_\_ Remove 4) \_\_\_\_ Change \_\_\_ Add \_\_\_ Remove 5) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_Remove 6) \_\_\_\_ Change \_\_\_\_ Add Remove

If amending the Officers and/or Directors, enter the title and name of each officer/director being ressoved and title, name, and

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

address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

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amending or adding additional Arti ttach additional sheets, (f necessary).	(Be specifie)
an amendment provides for an exch rovisions for implementing the ame (if not applicable, indicate N/A)	nange, reclussification, or cancellation of issued shures, adment if not contained in the amendment itself:

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The date of each amendment(s) as	doption:
Effective date if applicable:	·
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	eroved by the shareholders through voting groups. The following statement 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	(voling group)
	(soung growth)
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated 2	38/14
Signature	Jagour Hornica
selecte	irestor, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	Peesident
	(Title of person signing)

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