

Division of Corporations **Electronic Filing Cover Sheet** 

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(((H14000187610 3)))



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## COR AMND/RESTATE/CORRECT OR O/D RESIGN AFER VIOLA CORPORATION INC

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'AUG 1 1 2014



## H14000187610

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: AFER VIOLA CORPORATION IN  DOCUMENT NUMBER: P1400057520
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filling.
Please return all correspondence concerning this matter to the following:
JORDI R. TORRENTS
JORPIR. TORRENTS PA
Firm/ Company
2655 LE JEWE ROAD-SUITE 204
Address
CORAL GABLES, FL 35137
City/ State and Zip Code
JORDI. TORRENTS & TORRENTSLAW. COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JORDI R. TORKENTS 11(305, 446-6244
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

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

is enclosed)

FILED SECRETARY OF STATE TALL ALL SSEEL ORIDA

## Articles of Amendment Artieles of luc-

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	Articles of lines	proration	
AFER V		CORPORATION. I	WC
(Name of Corporation as current			<del>Data</del>
P14000	0 5752	20	
	or of Corporation (if		<del>Responde</del>
Pursuant to the provisions of section 607.1006, Fig its Articles of Incorporation:	orida Statutes, this F	Florida Profit Corporation adopts the follow	ing amendment(s) t
4. If smending name, enter the new name of th	e cornoration:		
			Die: new
name must be distinguishable and aontain the "Corp.," "Inc.," or Co.," ar the designation "C word "chartered," "professional association," or	orp," "Inc." or "C	co". A professional corporation name mus	abbreviation
B. <u>Enter new principal office address, if applica</u> Principal office address <u>MUST BE A STREET A</u>	<u>ible:</u> I <i>DDRESS</i> )		
		· · · · · · · · · · · · · · · · · · ·	******
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		
			_
		<del></del>	········
). If smending the registered agent and/or reginew registered agent and/or the new register	stered office address:	ss in Florida, enter the name of the	
Name of New Registered Agent			
· · · · · ·	(Florida suree	i address)	
New Registered Office Address:	•	771	
THE THE STATE OF THE PARTY CO.	(City)	Florida (Zip Code)	_
ew Registered Agent's Signature, if changing F hereby accept the appointment as registered agen	Registered Agent: t. I am familiar wii	th and accept the obligations of the position	ı,
Signature of	New Registered Ag	ent, if changing	
•			

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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: <u>X</u> Change	PT John	Doe	
X Remove	V Mike	Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	PT	ALENAY IGLESIA	S 1060 BRICKELL AVE
Add			# 413
Remove			# 413 MiANI, PL 33/3/
2) Change	<u></u>	FERNAMOS PUCH	1E 1063 BRICKEU AVE
Add			# 4/3
Remove			MIAMI, FL 3813/
3) Change			**************************************
Add			
Remove			
4) Change			
Add			
Remove			
Kemove			
5) Change			
Add			
Remove			100 to
6) Change			
Add		1	
Remove			

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nome ni	lment provides	ofor un exchange	c, rtelusificatio	a, or cancellatio	n of issued share	6.
rovizioo:	for implement applicable, indi	for the amendm	ent if not conta	ined in the amer	dment lizelf:	_
(9 -141	appropriate and the second	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
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The date of each amendment(s date this document was signed.	s) adoption: 08/04/14	if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/wen	adopted by the shareholders. The number of votes east for the amendment(s) a sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes a	east for the amendment(s) was/were sufficient for approval	
by	(voling group)	
,	(voling group)	
The amendment(s) was/were sotion was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder aution and shareholder	
DatedC	18/04/14	
Signature	Blime	
scle	a director, president or other officer — if directors or officers have not been cied, by an incorporator — if in the hands of a receiver, trustee, or other court cointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	PRESIDENT	_
	(Title of person signing)	

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