P15000021170

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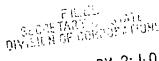
TO: Amendment Section

Division of Corporations NAME OF CORPORATION: MIAMI GARDENS ALF INC DOCUMENT NUMBER: P15000021170 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LEODAN CABRERA Name of Contact Person MIAMI GARDENS ALF INC Firm/ Company 2751 NW 209 TERRA Address MIAMI GARDENS, FL 33056 City/ State and Zip Code claide50@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: $at \ (\frac{786}{\text{Area Code \& Daytime Telephone Number}})$ Leodan Cabrera Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (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 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of



MIAMI GARDENS ALF INC

15 MAR 10 PH 2: 40

(Name of Corporation as	currently filed with the Florida Dep	t. of State)	
P15000021170			
(Documen	t Number of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida Pre</i>	ofit Corporation adopts the following ar	nendment(s) to
A. If amending name, enter the new na	me of the corporation:		
name must be distinguishable and cont "Corp" "Inc.," or Co" or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co". A pr	any," or "incorporated" or the abbre	e new eviation tain the
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>	if applicable: TREET ADDRESS)		
C. Enter new mailing address, if applia (Mailing address MAY BE A POST of the Control of the Con	d/or registered office address in Flor	ida, enter the name of the	
new registered agent and/or the new			
Name of New Registered Agent	Name of New Registered Agent LEODAN CABRERA		
	2751 NW 209 TERRA		
New Registered Office Address:	(Florida street address) MIAMI GARDENS	. Florida 33056	
New Registered Office Address.	(City)	, Florida(Zip Code)	
New Registered Agent's Signature, if cl I hereby accept the appointment as registered. Signature, if cl		<u> </u>	

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	Р	ISRAEL DIAZ	2751 NW 209 TERRA
Add			MIAMI GARDENS, FL 3305
Remove			
2) Change	Р	LEODAN CABRERA	2751 NW 209 TERRA
✓ Add			MIAMI GARDENS, FL 3305
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Artic attach additional sheets, if necessary).	(Be specific)
	
-	
°	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

	SECONTAIN TO SECOND	
The date of each amendment(s) adoption date this document was signed.	•	, if other than the
-	15 MAR 10 PM 2: 40	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes cast for the amendment(s) nt for approval.	
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for th	e amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
Dated 3-5-2015		
Signature X	OH36	
(By a director selected, by	president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)	
LEC	DDAN CABRERA	
	(Typed or printed name of person signing)	· <u> </u>
PRI	ESIDENT	
	(Title of person signing)	