

P/5000022858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100269595271

03/16/15--01050--027 **35.00

15 MAY 14 AM 11:23

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

C.L.
5-21-15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 18, 2015

ISAURA TURCIOS / ISAURA HANDYMAN CORP
935 SW 6TH STREET
MIAMI, FL 33126 US

SUBJECT: ISAURA HANDYMAN CORP
Ref. Number: P15000022858

We have received your document for ISAURA HANDYMAN CORP 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 form you submitted is for a BENEFIT CORPORATION, but your entity is a FLORIDA PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 615A00005450

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ISAURA HANDYMAN CORP

DOCUMENT NUMBER: P15000022858

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

Please return all correspondence concerning this matter to the following:

ISAURA TURCIOS

Name of Contact Person

ISAURA HANDYMAN CORP

Firm/ Company

935 SW 6TH STREET

Address

MIAMI FLORIDA 33126

City/ State and Zip Code

navarroedith550@gmail.com

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

For further information concerning this matter, please call:

Edith Navarro
Name of Contact Person

at (305) 860-6548
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

ISAURA HANDYMAN CORP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

15 MAY 14 AM 11:23

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

P15000022858

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

ISAURA HANDYMAN CORP

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**)

935 SW 6TH STREET

APT 1

MIAMI FLORIDA

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

SAME ABOVE

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 EDITH NAVARRO

140 NW 57 AVENUE

(Florida street address)

New Registered Office Address: MIAMI, Florida 33126

(City)

(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"/> <u>Change</u>	<u>V</u>	<u>JULIO C TORRES</u>	<u>935 SW 6TH STREET #1</u>
<input type="checkbox"/> <u>Add</u>			<u>MIAMI FLORIDA 33126</u>
<input type="checkbox"/> <u>Remove</u>			
2) <input type="checkbox"/> <u>Change</u>	<u>P</u>	<u>ISAURA TURCIO</u>	<u>935 SW 6TH STREET #1</u>
<input checked="" type="checkbox"/> <u>Add</u>			<u>MIAMI FLORIDA 33126</u>
<input type="checkbox"/> <u>Remove</u>			
3) <input type="checkbox"/> <u>Change</u>			
<input type="checkbox"/> <u>Add</u>			
<input type="checkbox"/> <u>Remove</u>			
4) <input type="checkbox"/> <u>Change</u>			
<input type="checkbox"/> <u>Add</u>			
<input type="checkbox"/> <u>Remove</u>			
5) <input type="checkbox"/> <u>Change</u>			
<input type="checkbox"/> <u>Add</u>			
<input type="checkbox"/> <u>Remove</u>			
6) <input type="checkbox"/> <u>Change</u>			
<input type="checkbox"/> <u>Add</u>			
<input type="checkbox"/> <u>Remove</u>			

G. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

Officer/Director Detail: Please change the name of the Vice Julio C Torres to

ISAURA TURCIO.

IS THE PRESIDENT OF THE CORPORATION OF ISAURA HANDYMAN CORP.

AND KEEP THE VICE PRESIDENT JULIO C TORRES.

H. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

n/a

03/12/2015

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

03/15/2015

Effective date if applicable: _____

(no more than 90 days after amendment file date)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

15 MAY 14 AM 11:23

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

ISAURA TURCIO

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.

03/12/2015

Dated _____

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)

JULIO C TORRES

(Typed or printed name of person signing)

VICE PRESIDENT

(Title of person signing)