

P92000014483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

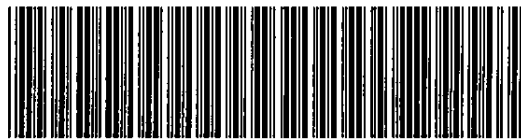
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/21/11--01019--005 **35.00

FILED
14 SEP 21 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend.

09/23/11

DC

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GABLES BY THE SEA, INC.

DOCUMENT NUMBER: P92000014483

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

Please return all correspondence concerning this matter to the following:

LAZARO D. ALONSO

Name of Contact Person

Firm/ Company

6187 NW 167 STREET, SUITE H5

Address

MIAMI, FL 33015

City/ State and Zip Code

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

For further information concerning this matter, please call:

LAZARO D. ALONSO

Name of Contact Person

at (305)

512-4940

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

\$43.75 Filing Fee &
Certificate of Status

\$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed)

\$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

GABLES BY THE SEA, INC.

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

P992000014483

(Document Number of Corporation (if known))

FILED
IN SEP 21 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

GABLES BY THE SEA, INC.
8711 S.W. 97 AVENUE #250
MIAMI, FL 33173

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

LAZARO D. ALONSO
6187 NW 167 STREET, SUITE H5
MIAMI, FL 33015

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:

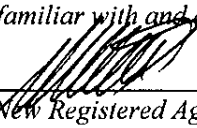
Name of New Registered Agent: LAZARO D. ALONSO

New Registered Office Address: 6187 NW 167 STREET, SUITE H5
(Florida street address)

MIAMI, Florida 33015
(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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PR/SY DIR	FERNANDO L. RIVEIRO	16100 ABERDEEN WAY MIAMI LAKES, FL 33014	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VP/SY DIR	JULIO ALBERTO ROBAINA	6140 WEST 10TH AVENUE HIALEAH FL 33012	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
TREA DIR	TERESA I. MESTRE	14931 BEL AIRE DR. S PEMBROKE PINES FL 33027	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

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

IN ADDITION TO CHANGES SET FORTH ABOVE, _____ and Treasurer

LAZARO D. ALONSO IS HEREBY REMOVED AS VICE-PRESIDENT AND ALSO
ADDED AS PRESIDENT. THE MAILING ADDRESS FOR LAZARO D. ALONSO IS
6187 NW 167TH STREET, SUITE H5, MIAMI, FL 33015. LAZARO D. ALONSO
REMAINS AS DIRECTOR

F. 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)

The date of each amendment(s) adoption: AUGUST 3, 2011

Effective date if applicable: AUGUST 3, 2011
(date of adoption is required)
(no more than 90 days after amendment file date)

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

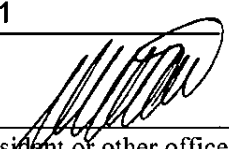
by _____.”
(voting group)

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 AUGUST 3, 2011

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)

LAZARO D. ALONSO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)