

P93000080280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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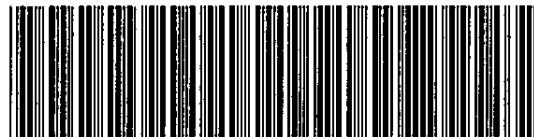
(Business Entity Name)

(Document Number)

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TAKAHASHI, S.  
EXAMINER

Amend  
C.COULIETTE

NOV 23 2009

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** SANTANA OKEECHOBEE INC.

**DOCUMENT NUMBER:** P93000080280

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

Please return all correspondence concerning this matter to the following:

FERNANDO ECHEVERRI

Name of Contact Person

SANTANA OKEECHOBEE INC.

Firm/ Company

785 CRANDON BLVD. #806

Address

KEY BISCAYNE, FL 33149

City/ State and Zip Code

ECHEVERRIF@EARTHLINK.NET

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

For further information concerning this matter, please call:

LUZ A. MORALES

Name of Contact Person

at (786) 546-4800

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**

## SANTANA OKEECHOBEE INC.

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

P93000080280

(Document Number of Corporation (if known))

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 )**

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**C. Enter new mailing address, if applicable:**

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

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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:*

1. *What is the primary purpose of the study?* (check all that apply)

*New Registered Office Address:*

(Florida street address)

\_\_\_\_\_, Florida \_\_\_\_\_  
(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>
DP	<u>CESAR ECHEVERRI</u>	<u>785 CRANDON BLVD. #806</u> <u>KEY BISCAYNE, FL 33149</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
DS	<u>CLARALUZ ECHEVERRI</u>	<u>785 CRANDON BLVD. #806</u> <u>KEY BISCAYNE, FL 33149</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
DP	<u>CLARALUZ ECHEVERRI</u>	<u>785 CRANDON BLVD. #806</u> <u>KEY BISCAYNE, FL 33149</u>	<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)*  
REMOVE (DVP): OLGA ECHEVERRI, 1720 ASPEN LANE, WESTON, FL 33327

ADD DS: OLGA L ECHEVERRI, 1720 ASPEN LANE, WESTON, FL 33327

REMOVE (DVP): LUZ MARINA ECHEVERRI

785 CRANDON BLVD. #806, KEY BISCAYNE, FL 33149

CHANGE ADDRESS FOR FERNANDO ECHEVERRI (DVP)

FROM: 881 OCEAN DR. APARTMENT 9E, KEY BISCAYNE, FL 33149

TO: 1121 CRANDON BLVD. #F1101, KEY BISCAYNE, FL 33149

**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)*

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The date of each amendment(s) adoption: November 12, 2009  
(date of adoption is required)

Effective date if applicable: \_\_\_\_\_  
(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 NOVEMBER 12, 2009

Signature Claraluz Echeverri  
(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)

CLARALUZ ECHEVERRI  
(Typed or printed name of person signing)

SECRETARY  
(Title of person signing)