P09000046911

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000224434 3)))

H09000224434 3ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
09 OCT 21 PM 3:57

COR AMND/RESTATE/CORRECT OR O/D RESIGN

LES TROIS AMIS DU SUD, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$35.00

Amend
10/21/09

Electronic Filing Menu Corporate Filing Menu Help

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 21, 2009

LES TROIS AMIS DU SUD, INC.
465 ROVINO AVE.
CORAL GABLES, FL 33156

SUBJECT: LES TROIS AMIS DU SUD, INC.
REF: P97000046911

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

FAX Aud. #: H09000224434
Letter Number: 509A00033559

RECEIVED
2009 OCT 21 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 – Tallahassee, Florida 32314

H09000224434

(4)

Articles of Amendment
to
Articles of Incorporation
of

LES TROIS AMIS DU SUD, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

P97000046911
(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."*

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
09 OCT 21 PM 3:57

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
1001 SOUTH MIAMI AVENUE
MIAMI, FL 33130

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
1001 SOUTH MIAMI AVENUE
MIAMI, FL 33130

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: NICOLAS HOYOS

New Registered Office Address: 1001 SOUTH MIAMI AVENUE
(Florida street address)
MIAMI, Florida 33130
(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

H09000224434

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)

Title	Name	Address	Type of Action
VP/Dir.	NICOLAS HOYOS	1001 S. MIAMI AVE. MIAMI, FL 33130	☒ Add ☐ Remove
P/ Dir.	JUAN CARLOS PARDO	1001 S. MIAMI AVE. MIAMI, FL 33130	☒ Add ☐ Remove
ST	WAYNE SCHWARTZ	465 ROVINO AVE CORAL GABLES, FL	☒ REMOVE
VP	ERIC CORMOULS-HOULES	1001 S. MIAMI AVE MIAMI, FL	☒ REMOVE
P	JEROME CORMOULS-HOULES	1001 S. MIAMI AVE MIAMI, FL	☒ REMOVE

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

N/A

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)

N/A

H09000224434

The date of each amendment(s) adoption: 10-19-09
(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 10-19-09

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)

NICOLAS HOYOS
(Typed or printed name of person signing)

Vice President
(Title of person signing)

H09000224434