

## 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.

(((H08000259340 3)))



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

PLEASE GIVE ORIGINAL SUBMISSION DATE AS FILE DATE.

From:

Account Name : CORPDIRECT AGENTS, INC.

Account Number : 110450000714 Phone (850) 222-1173

: (850)224-1640 Fax Number

## COR AMND/RESTATE/CORRECT OR O/D RESIGN

## GALVEZ & GOLCOECHEA SALES, INC.

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

Electronic Filing Menu

Corporate Filing Menu

Help

PLEASE GIVE ORIGINAL SUBMISSION DATE AS FILE DATE.

PLEASE GIVE ORIGINAL SUBMISSION DATE AS FILE DATE.

11/19

11'19/2008 9:21 AM

Amend & N/C

lofi

11,70-

To: Subject: 001848.95669

From: Ricky Soto

Thursday, November 20, 2008 9:26 AM Page: 2 of 5

850-617-6381

11/19/2008 3:04 PAGE 001/001

Florida Dept of State



November 19, 2008

## FLORIDA DEPARTMENT OF STATE

GALVEZ & GOLCOECHEA SALES, INC. Division of Corporations 2139 SW 20 STREET

2139 SW 20 STREET MIAMI, FL 33145

SUBJECT: GALVEZ & GOLCOECHEA SALES, INC.

REF: P98000005980

PLEASE GIVE ORIGINAL SUBMISSION DATE AS FILE DATE.

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 current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown Regulatory Specialist II FAX Aud. #: H08000259340 Letter Number: 108A00057800

LEASE GIVE ORIGINAL SUBMISSION DATE AS FILE DATE.

PLEASE GIVE ORIGINAL SUBMISSION DATE AS FILE DATE.

P.O BOX 6327 - Tallahassee, Florida 32314

From: Ricky Soto

Thursday, November 20, 2008 9:26 AM Page: 3 of 5

TIMINON 19 MILLING

H08000259340 3

Articles of Amendment to

Articles of Incorporation ۵ſ GALVEZ & GOLLOECHEA SALES (Name of Corporation as currently filed with the Flarida Dopt, of State) P98000005980 (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 "Co". A professional corporation name must contain the word "chartered," association, "or the abbreviation "P.A." B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

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

Name of New Registered Agent:

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:

Vew Revistared Office Address:	(Florido 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

Page 1 of 3

To: Subject: 001848.95669

H08000259340 3

lf amendin	a the Officers and/or Directors, enter th	e title and name of each officer/i	director being
removed a (Auoch ada	nd title, name, and address of each Offic litional sheets, if necessary)	er and/or Director being added:	i
<u>Title</u>	Name	Address	Your of basis
			Type of Action
VP_	JORGE C. GALVEZ	1077   SW 67 DK MIAHI, FL 33145	Add Remove
75	DENISE V. LALVEZ	2/30 SW. 20 ST. MIAMI, R. 33KI	Add Remove
<del></del>	·		D Add D Remove
E. If amen (attach a	ding or adding additional Articles, enter additional sheets, if necessary). (Re speci	change(s) here:	
provis	mendment provides for an exchange, re- ious for implementing the amendment if not applicable, indicate N/A)		
TRA	NSFEL OF SHAFES	FROM JORGE C	GALVE 2
10	DENISE V. GALVE	- 250 SHA	ces brow
	KINA CERTIFICATE		
			······································
	Pa	gc 2 of 3	

H08000259340 3

•
The date of each amendment(s) adoption: NOVEMBER 17th, 2008
Effective date if applicable: NONTHER 17th, 2008 (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 statume 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
(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 11 17/2008
Signature  (By a director, president or other officed 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)
MARIA L. CALVEZ  (Typed or printed name of person signing)
PRESIDENT
(Title of person signing)

Page 3 of 3