## 2052841

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	ON: VILLA MARIA I I	LA FE, INC	
DOCUMENT NUMBER:	P98000052841		
The enclosed Articles of Am	endment and fee are su	bmitted for filing.	
Please return all corresponde	ence concerning this ma	tter to the following:	
ESRI	ELLA M GOMEZ		
		Name of Contact Person	1
		Firm/ Company	
10410	5 NW 30 TH PLACE		
		Address	
MIA	MI, FL 33147		
		City/ State and Zip Code	2
albertlleren	a@yahoo.es		
1	E-mail address: (to be us	sed for future annual report	notification)
For further information cond	eeming this matter, pleas	se call:	
ESTRELLA M GOMEZ		at (	539-6890
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the f	ollowing amount made	payable to the Florida Depa	artment of State:
S35 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

VILLA MARIA I LA FE

(Name of Corporation	as currently filed with the Florida Dept. of State	<u>2</u> )
P98000052841		
(Document)	nt Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the	following amendment(s)
A. If amending name, enter the new name of the corp	poration:	
		Esting Seve
name must be distinguishable und contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the al	"Inc." or "Co". A professional corporation nan	or the abbreviation ne mustreontal the
B. Enter new principal office address, if applicable:		THE TOTAL
(Principal office address <u>MUST BE A STREET ADDR</u>	<u>(ESS</u> )	ST ST C
		D. 37
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	ÿ	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	d office address in Florida, enter the name of the ffice address:	
Name of New Registered Agent		
	(Florida strevi address)	
New Registered Office Address:	, Florida	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept the obligations of the p	osition.
Signal	ture 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: X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>v</u>	CARLOS ALBERTO LLERENA	10416 NW 30 TH PL
XAdd			MIAMI, FL 33147
Remove			
2) Change	<del></del>		
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
. at			
6) Change			
Add			
Remove			

Attach additio	or adding additional and sheets, if necessa	ry). (Be specific)			
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provisions fo	nent provides for an or implementing the oplicable, indicate N	amendment if not	ification, or cancell contained in the ar	ation of issued sha mendment itself:	res,
E VI PRESID	ENT WILL HAVE A	A 50 % OF PARTIC	CIPATON.		
					.,,
					7

	, if other than th
date this document was signed.	
Effective date if applicable:	han 90 days after amendment file date)
(no more t	han 90 days after amendment file date)
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's record	applicable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders by the shareholders was/were sufficient for approval.	. The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholde must be separately provided for each voting group entitle	
"The number of votes cast for the amendment(s) wa	ns/were sufficient for approval
by	.,
(voting group)	
☐ The amendment(s) was/were adopted by the board of direction was not required.	ectors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporator action was not required.	s without shareholder action and shareholder
01/14/2016 Dated	<del></del>
Signature PMWWWJ9W	
(By a director, president or other	r officer – if directors or officers have not been f in the hands of a receiver, trustee, or other court ciary)
ESTRELLA M GOME	Z
(Typed or pr	inted name of person signing)
OFFICER	
	Title of person signing)