

P99000075052

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2011 MAY -3 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*00789, 00524, 00671

MSR
5/5/11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LEOMAY ALF INC

DOCUMENT NUMBER: P99000075052

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

Please return all correspondence concerning this matter to the following:

LEONOR RODRIGUEZ

Name of Contact Person

LEOMAY ALF INC

Firm/ Company

3666 SW 5 TERRACE

Address

MIAMI, FL 33135

City/ State and Zip Code

leonorrod@hotmail.com

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

For further information concerning this matter, please call:

LEONOR RODRIGUEZ

Name of Contact Person

at (305) 525-7064

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 16, 2011

Leonor Rodriguez
Leomay A.L.F. Inc.
3666 SW Terrace
Miami, FL 33135

SUBJECT: LEOMAY A.L.F. INC.
Ref. Number: P99000075052

We have received your document for LEOMAY A.L.F. INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document that you submitted is incomplete. The third page is missing. I have enclosed a blank third page that you may fill out and return to us when you resubmit the document.

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) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 411A00006411

RECEIVED

11 MAY -3 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

LEOMAY ALF INC.

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

P99000075052

(Document Number of Corporation (if known))

FILED

2011 MAY -3 AM 11:25

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)

LEONOR MURGUIDO

3666 SW 5 TERRACE

MIAMI, FL 33135

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

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:

LEONOR MURGUIDO

New Registered Office Address:

3666 SW 5 TERRACE

(Florida street address)


MIAMI

(City)

Florida 33135
(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>
<u>VSPD</u>	<u>LEONOR MURGUIDO</u>	<u>3666 SW 5 TERRACE</u> <u>MIAMI, FL 33135</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>VSPD</u>	<u>JULIANA CHALA</u>	<u>3666 SW 5 TERRACE</u> <u>MIAMI, FL 33135</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u> <u> </u>	<input 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)

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: MARCH 16, 2011

Effective date if applicable: MARCH 16, 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 MARCH 16, 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)

JULIANA CHALA

(Typed or printed name of person signing)

VSPD

(Title of person signing)