

APR 18 2012 2:06PM  
DIVISION OF CORPORATIONS

RICARDO MARTINEZ

10.899 Page 3 of 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H12000099043 3)))



H12000099043ABC

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To:

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

From:

Account Name : RICARDO MARTINEZ-CID, P.A.  
Account Number : 076640001666  
Phone : (305) 859-7494  
Fax Number : (305) 858-2513

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
MAYALE, INC.**

Certificate of Status	1
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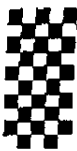
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2012 APR 18 AM 8:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Handwritten signature and date: 4-19-12*



APR 18 2012 2:06PM

RICARDO MARTINEZ 2:47 AM PAGE 1/001 INO. 899arveP. 1



April 18, 2012

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

MAYALE, INC.  
11400 N. KENDALL DRIVE, SUITE 204  
MIAMI, FL 33176

SUBJECT: MAYALE, INC.  
REF: P99000090553

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.

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

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Carol Mustain  
Regulatory Specialist II

FAX Aud. #: H12000099043  
Letter Number: 312A00012066

*Kindly, file. Your  
software and long delayed  
name do not go well together.*

P.O BOX 6327 - Tallahassee, Florida 32314

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12 APR 18 AM 8:11

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

*Th.*

FLORIDA BAR NO. 157029 / AUDIT NUMBER: H12000099043 3

**RICARDO MARTINEZ-CID**

Professional Association

Attorney at Law

1699 Coral Way, Suite 510, Miami, Florida 33145-2860

Telephone (305) 859-7494 Facsimile (305) 858-2513

e mail: mtnezcid@aol.com

SEND TO: Florida Department of State/Division of Corporations

VIA: (850) 205-0383 SENT BY: Ricardo Martinez-Cid, Esq.

DATE: April 17, 2012

RE: MAYALE, INC./Document Number P99000090553

Gentlemen:

Articles of Amendment and the Audit Sheet follow. Debit my account for the amount of \$43.75, covering the filing fee. Kindly, file and, please, note that company may be contacted at the following email address: lgarzozi@garbu.com.

Cordially,

*Martinez-Cid*

Ricardo Martinez-Cid

RMC/ng

cc: nicolas@ecuasal.com, afey@ecuasal.com,  
nico@ecuasal.com, ritamp@bellsouth.net,  
PARGASCPA@aol.com, geraldinemay@gmail.com,  
lgarzozi@garbu.com, ddiazgranados@garbu.com

Ricardo Martinez-Cid, P.A.

1699 Coral Way, Suite 510

Miami, Florida 33145-2860

Telephone # (305) 859-7494

Facsimile # (305) 858-2513

FLORIDA BAR NO. 157029 / AUDIT NUMBER: H10000028930 3

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COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: MAYALE, INC.

DOCUMENT NUMBER: P99000090553

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

Please return all correspondence concerning this matter to the following:

RICARDO MARTINEZ-CID

Name of Contact Person

Firm/ Company

1699 Coral Way, Suite 510

Address

Miami, Florida 33145-2860

City/ State and Zip Code

mtnezcid@aol.com

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

For further information concerning this matter, please call:

RICARDO MARTINEZ-CID

Name of Contact Person

at ( 305 )

632 1950

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

MAYALE, INC.

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

P99000090553

(Document Number of Corporation (if known))

FILED  
2012 APR 18 AM 8:57  
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)

**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

(Florida street address)

New Registered Office 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, n 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 = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each 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 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:

☒ Change      PT      John Doe  
☐ Remove      V      Mike Jones  
☒ Add      SV      Sally Smith

Type of Action  
(Check One)

Title

Name

Address

1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D, P, S &amp; T</u>	<u>LUIS ALBERTO GARZOZI BUCARAM</u>	<u>11400 North Kendall Drive</u> <u>Suite 204</u> <u>Miami, Florida 33176.</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>                    </u>	<u>                    </u>	<u>                    </u> <u>                    </u> <u>                    </u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>                    </u>	<u>                    </u>	<u>                    </u> <u>                    </u> <u>                    </u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>                    </u>	<u>                    </u>	<u>                    </u> <u>                    </u> <u>                    </u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>                    </u>	<u>                    </u>	<u>                    </u> <u>                    </u> <u>                    </u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>                    </u>	<u>                    </u>	<u>                    </u> <u>                    </u> <u>                    </u>

E. (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: April 13, 2012

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 April 13, 2012

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)

LUIS ALBERTO GARZOZI BUCARAM

(Typed or printed name of person signing)

Sole Director, President, Secretary and Treasurer

(Title of person signing)