

508943

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DIVISION OF CORPORATIONS
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Arend
C.COULLIETTE

DEC 21 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: AMICI INC

DOCUMENT NUMBER: S08943

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

Please return all correspondence concerning this matter to the following:

ELOY ROY

(Name of Contact Person)

AMICI INC

(Firm/ Company)

1666 79TH STREET KENNEDY CAUSEWAY SUITE 102

(Address)

NORTH BAY VILLAGE, FL 33141

(City/ State and Zip Code)

OGGI1740@AOL.COM

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

For further information concerning this matter, please call:

ELOY ROY

(Name of Contact Person)

at (305) 866-1238

(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

December 8, 2009

ELOY ROY
AMICI, INC.
1666 79TH ST. KENNEDY CAUSEWAY, STE 102
NORTH BAY VILLAGE, FL 33141

SUBJECT: AMICI, INC.
Ref. Number: S08943

We have received your document for AMICI, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

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) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 109A00037380

RECEIVED
DEC 18 AM 8:00
REPLY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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Division of Corporations

NAME OF CORPORATION: AMICI INC

DOCUMENT NUMBER: S08943

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City/ State and Zip Code

OGGI1740@AOL.COM

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at (305)

866-1238

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Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

AMICI INC

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

S08943

(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."

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:

New Registered Office Address:

(Florida 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

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CLERK OF STATE
DIVISION OF CORPORATIONS
09 DEC 21 AM 8:20

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>
VP	PORTELA, ALEJANDRO	1666 79TH ST. KENNEDY CSW	<input type="checkbox"/> Add
		SUITE 102	<input checked="" type="checkbox"/> Remove
		N.BAY VILLAGE, FL 33141	
T	MERRO, ANDRES	1666 79TH ST. KENNEDY CSW	<input type="checkbox"/> Add
		SUITE 102	<input checked="" type="checkbox"/> Remove
		N.BAY VILLAGE, FL 33141	
			<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: 11/30/2009

(date of adoption is required)

Effective date if applicable: 11/30/2009

(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 11/30/2009

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)

ELOY ROY

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)