Division of Corporations 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.

(((H12000132327 3)))



H120001323273ABCV

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

: (650)617-6380

FYOM:

Account Name

: SUAREZ VEGA & ASSOCIATES INC

Account Number : I20100000032

: (786)290-3418

Fax Number

: (786)264-6762

**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

S13 & Z5 INVESTMENTS INC

Estimated Charge	\$35.00
Page Count	01
Certified Copy	0
Certificate of Status	0

Electronic Filing Menu

Corporate Filing Menu

Help

Division of Corporations P.O. Box 6327 Tailnhassee, FL 32314

COVER LETTER

TO: Amendment Sect Division of Corpo			
NAME OF CORPO	S13 & Z5 II	VVESTMENTS I	NC
	D4200004E03	5	
DOCUMENT NUM	BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	JOSE M VEGA		
		Name of Contact Persor	
	SUAREZ VEGA	& ASSOCIATES	INC
		Firm/ Company	
	25 SE 2ND AVE	NUE STE 410	
		Address	
	MIAMI, FL. 3313	1	
		City/ State and Zip Code	e
VE	GAMIAMI@HOTN	MAIL.COM	
		sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	•
JOSE M VE	GA	at (786	, 290-3418
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee &	□\$43.75 Filing Fee &	□\$52.50 Filing Fee
	Certificate of Status	Certified Copy	Certificate of Status
		(Additional copy is	Certified Copy
		enclosed)	(Additional Copy is enclosed)
94.	iling Address	6 44	A.J.J
·	endment Section		Address ment Section

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

850-617-6381

5/18/2012 2:54:24 PM PAGE 1/001 Fax Server



May 16, 2012

FLORIDA DEPARTMENT OF STATE Davision of Corporations

S13 & Z5 INVESTMENTS INC 1320 S FEDERAL HWY DEERFIELD BEACH, FL 33441US

SUBJECT: S13 & Z5 INVESTMENTS INC

7862646762

REF: P12000045035

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 date of adoption of each amendment must be included in the accument.

Please verify the new (PSD) name being SEEHADE SHEHADE. 75

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

FAX Aud. #: H12000132327 Letter Number: 312A00014513

The NAME OF Shampfulde, Sole OfficeR

+ DIRECTOR is:

ShEHADE ShEHADE

P.O BOX 6327 - Tallahassee, Florida 32314

JOST N VEGA

RECEIVED

BERATHENTOF STATE

BILLING OF CONTROL OF STATE

RECEIVED

TO ACCHONICED

SIFERCENCY OF FIRMS

Articles of Amendment to Articles of Incorporation

S13 & Z5 INVESTMENTS INC		
(Name of Corporation as currently filed with the Florida Dept. of State) P1200045035		-
(Document Number of Corporation (if known)	. , . ,	•
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> a its Articles of Incorporation:	dopts the followin	g amendment(s) to
A. If amending name, enter the new name of the cornoration:		•
		The new
name must be distinguishable and contain the word "corporation," "company," or "incorporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation "chartered," "professional association." or the abbreviation "P.A."	orated" or the a ation name must	bbreviation
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)		- 6
		12 MAY 1
D. If amending the registered agent and/or registered office address in Florida, enter the nanew registered agent and/or the new registered office address:	me of the	ETARY OF ST
Name of New Registered Agent	_	on Silver
(Florida street oddress)	=	22 GE
New Registered Office Address: Florids	•	
(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 obligation	ns 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)

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 teaves 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	PI	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>SY</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change Add Remove	PSD	JACOBO SHEHADAH	1320 9 FEDERAL HWY DEERFIELD BEACH, FL 33441 US
2) <u>×</u> Change —— Add —— Remove	P\$D	SHEHADE SHEHADE	1320 S FEDERAL HWY DEERFIELD BEACH, FL. 33441 US
3) Change Add Remove			DEERFIELD BEACH, FL. 33441 US
4) Change Add Remove			
5) Change Add Remove			
δ) Change Add Parave	*** ****	<u> </u>	

SUAREZ VEGA

attach additional sheets, if necessary). (Be specific)	re:
	*
	-

,	
sa amendment provides for an exchange, reclassification, a provisions for implementing the amendment if not contained (if not applicable, indicate N/A)	r cancellation of issued shares. In the amendment itself:
<u>provisions for imblementine the amendment if not contained</u>	or cancellation of issued shares, in the amendment itself:
<u>provisions for imblementing the amendment if not contained</u>	r cancellation of issued shares. In the amendment itself:
<u>provisions for implementing the amendment if not contained </u>	or cancellation of issued shares. In the amendment itself:
<u>provisions for implementing the amendment if not contained</u>	in the amendment itself:
<u>provisions for implementing the amendment if not contained </u>	r cancellation of issued shares. In the amendment itself:
<u>provisions for implementing the amendment if not contained </u>	in the amendment itself:
f an amendment provides for an exchange, reclassification, a provisions for implementing the amendment if not contained (if not applicable, indicate N/A)	in the amendment itself:

	iopxion: 5 /16 /12
The date of each amendment(s) ad	option:
Effective date if applicable:	
	(no more than 90 days after amendment file date)
A had the state of the second of	(CHECK ONE)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement 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)
	(voting group)
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
Dated MAY 1	5TH 2012 /
Signature _	(Municipality)
(By a di	irector, president or other officer - if directors or officers have not been
selected appoint	d, by an incorporato — if in the hands of a receiver, trustee, or other court led fiduciary by that fiduciary)
	JOSE M VEGA
·	(Typed or printed name of person signing)
_	INCORPORATOR
	(Title of person signing)