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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Amns



M. 7-20-11

COVER LETTER

TO:	Amendment Section
	Division of Corporations

NAME OF CORPO	DRATION: PIAZZ	NIUM ASSOCIAT	L WAREHOUSE
DOCUMENT NUN		001779	
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
	CARLOS	EGUEZ	
	(Name o	f Contact Person)	
	ARSAIA	AISTRIA	L
· .	(Fire	n/ Company)	
	2060 W 2	8 # .3VA E	
	((Address)	
	MINIGNU	, FL 33011	
	(City/ Sta	ate and Zip Code)	<u>, </u>
 _	E-mail address: (to be use	ed for future annual report notifi	cation)
For further informati	on concerning this matter, pleas	se call:	
CARL	OS EGUEZ	at (305) 512	1-2868
(Name	e of Contact Person)	(Area Code & Dayt	ime Telephone Number)
Enclosed is a check	for the following amount made p	payable to the Florida Departme	nt 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
Ame Divis P.O.	ing Address Indiment Section Ission of Corporations Box 6327	Street Address Amendment Section Division of Corporat Clifton Building	

Tallahassee..EL 32301 . _ _ . _

Articles of Amendment to Articles of Incorporation

of

PIAZZA INDUSTRIAL WAREHOUSE CONDON ASSOCIATION FOR

NO400000 1779

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Provideorparation* 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 cor abbreviation "Corp." or "Inc." <u>"Company" or</u>		acorporated of the
B. Enter new principal office address, if appli (Principal office address <u>MUST BE A STREET</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	i na	. 1.7.
D. If a monding the registered egent and/on re	gistance office address in Florida.	unter the name of the
D. If amending the registered agent and/or re new registered agent and/or the new regist		inter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
_		, Florida
	(Citv)	(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.

STATE OF STATE OF STATE OF 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)

Address Title Name Type of Action 8060 W 33 ANE. # 1 □ Add HIALEAH, FL 33016 M Remove GONZALEZ REY CARLOS DE LA PAZ 8060 W 23 AVE. # XAdd HIALEAN, FL 33016 Remove V. E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption:
(date of adoption is required) Effective date if applicable: (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
Adoption of Amendment(s) (CHECK OIVE)
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated 04/13/11
Signature Signature
(By the chairman or vice chairman of the board, president or other officer-if direc
have not been selected, by an incorporator – if in the hands of a receiver, trusted other court appointed fiduciary by that fiduciary)
CARLOS EGUEZ
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)