P12000018089

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
'	(City/State/Zip/Priorie #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
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((Document Number)	
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COVER LETTER

To: Amendment Section
Division of Corporations

NAME OF CORPORATION: Chela's Processor, Inc.

DOCUMENT NUMBER: P-120000 18089

The enclosed Articles of Amendment and fee are submitted for filling:
Please return all correspondence concerning this matter to the following:

Maricela Suarez-Lopez

(Name of Contact Person)

Chela's Miracle Candles, Inc.

(Firm/Company)

242 East 55th Stree

(Address)

Hialeah, Florida 33013

(City/ State and Zip Code)

chelasmiraclecandles@gmail.com
E-mail address: (to be used for future annual report notification)

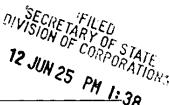
Ma	ric	ela Suarez-Lo	pez	, 786	663-7959
	:	(Name of Contact Person)		(Area Cod	e & Daytime Telephone Number
Enclos	ed is a	check for the following amou	unt made payable to the	e Florida Depart	ment of State:

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

For further information concerning this matter, please call:

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

Articles of Amendment to Articles of Incorporation of



Chela's Processor, Inc.	orida Dept. of State)
(Name of Corporation as currently filed with the Flo	orida Dept. of State)
212000018089	
(Document Number of Corpor	ration (if known)
rsuant to the provisions of section 617.1006, Florida Statut nendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation adopts the follown
If amending name, enter the new name of the corporat	tion:
hela's Miracle Candles, Inc.	The
me must be distinguishable and contain the word "corpord Company" or "Co." may not be used in the name.	ation" or "incorporated" or the abbreviation "Corp." or "In
Enter new principal office address, if applicable:	242 East 55th Street
rincipal office address <u>MUST BE A STREET ADDRESS</u>	Hialeah, Florida 33013
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	242 East 55 Street
	Hialeah, Florida 33013
If amending the registered agent and/or registered office and/or the new registered office and regi	
Nume of New Registered Agent.	
242 East 5	
w Registered Office Address:	(Fforda street address)
Hiale at i\	// _{Florida} 33013
ew Registered Agent's Signature, in changing Registered agent (City)	(Zip Code)

Page 1 of 4

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 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:			
X Change	PT	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) Change Add Remove	-	. ———	 /
2) Change Add Remove			
3) Changė Add Remove			
4) Change Add Remove		- /	
5) Change Add Remove		-/-	
6) Change Add Remove	\neq	.	

though additional about if upper and (D=2G-1)	
amending or adding additional Articles, enter change(s) here: ttach additional sheets, if necessary). (Be specific)	_
/	<u> </u>
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Γhe	date of each amendment(s) adoption:	
Effe	ective date if applicable:	
	(no more than 90 days after amendment file date)	
Ada	option of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	Dated Signature (By the chairman or vice than the board, president or other officer-if directors have not been selected, by ab incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
	Maricela Suarez-Lopez	
-	(Typed or printed name of person signing) (Title of person signing)	