# P12000052436

(Requestor's Name)		
(Add	dress)	
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	WAIT MAIL	
(Bu:	siness Entity Name)	
	cument Number)	
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Certified Copies	; Certificates of Status	
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# **COVER LETTER**

Division of Corpo	orations		,
NAME OF CORPOR	RATION: CITTADELI	IVERY INC	·
DOCUMENT NUMI	BER: P1200005243	6	
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corre	spondence concerning this mat	tter to the following:	
	FABIAN C PENA	,	
,		Name of Contact Persor	<u> </u>
	CITTADELIVERY		
	•	Firm/ Company	
	1200 BRICKELL	BAY DR SUITE	107
		Address	
	MIAMI FL 33131		
		City/ State and Zip Code	
car	nilo.fabis@gmail.d	com	
		sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
FABIAN C P	ENA	at (305	5875026
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Fiting Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

TO: Amendment Section

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

CITTADELIVERY, INC	
(Name of Corporation as currently filed with the	e Florida Dept. of State)
P12000052436	
(Document Number of Corporation	n (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corpora "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	n "P.A." ≥ ₹
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
	TIL BPH
C. Enter new mailing address, if applicable:	္ ယ္
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>
	, such as a first of the second of the secon
D. If amending the registered agent and/or registered office as	dress in Florida, enter the name of the
new registered agent and/or the new registered office addr	
Name of New Registered Agent JAMES F PEN	IA
	L BAY DR STE 107
(Florida	street address)
New Registered Office Address: MIAMI	, Florida 33131
(Ci	(Zip Code)
•	
New Registered Agent's Signature, if changing Registered Age	ent:
I hereby accept the appointment as registered agent. I am familio	ir wan and accept the obligations of the position. Fr. N
· ()AMO T. I'C	NIT
Signature of New Registere	d 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 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change  X Add  Remove	PT	JAMES F PENA	1200 BRICKELL BAY DR STE 107 MIAMI FL 33131
2) Change  X Add  Remove	PT	FABIAN C PENA	1200 BRICKELL BAY DR STE 107 MIAMI FL 33131
3) Change Add Remove	<u>P</u> .	FABIAN F PENA SR	1200 BRICKELL BAY DR STE 107 MIAMI FL 33131
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

f amending or adding additional Arti- attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
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f an amendment provides for an eych	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
·	

he date of each amendment(s) add	option: JUNE 12, 2012
	NE 12, 2012
meetive date in applicable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adop by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
	for the amendment(s) was/were sufficient for approval
by	(voting group)
•	pted by the board of directors without shareholder action and shareholder
action was not required.	pied by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopaction was not required.	pted by the incorporators without shareholder action and shareholder
Dated_06/12/2	2012
Signature (Prodi	rector, president or other officer – if directors or officers have not been
selected	d, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	FABIAN C PENA
	(Typed or printed name of person signing)
-	(Title of person signing)