# P14000012402

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500259250045

04/25/14--01005--022 \*\*52.50

14 PR 25 PH IZ: 59

Ahund Cus

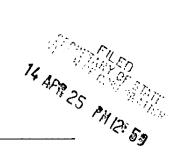
### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: COLFOOI	D CORP.			
DOCUMENT NUMBER: P140000124	402			
The enclosed Articles of Amendment and fee are su	bmitted for filing			
Please return all correspondence concerning this ma	tter to the following:			
OMAR CORDO				
	Name of Contact Person	1		
COLFOOD CO	RP			
	Firm/ Company			
PO BOX 25355				
	Address			
TAMARAC FL 33320				
	City/ State and Zip Cod	e		
COLFOODCORP@				
E-mail address: (to be us	sed for future annual report	notification)		
For further information concerning this matter, pleas	e cair:			
OMAR E CORDOBA VARG	AS <sub>at (</sub> 954	305-7030		
Name of Contact Person		de & 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 &	<b>□\$43.75</b> Filing Fee &	\$52.50 Filing Fee		
Certificate of Status	Certified Copy	Certificate of Status		
	(Additional copy is	Certified Copy		
	enclosed)	(Additional Copy		
		is enclosed)		
Mailing Address	Stroot	Address		
Amendment Section		Iment Section		
Division of Corporations	Division of Corporations			
P.O. Box 6327		Building		
Tallahassee FI 32314		vecutive Center Cirole		

Tallahassee, FL 32301

#### **Articles of Amendment** to **Articles of Incorporation** of



# COLFOOD CORP.

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

## D14000012402

ndment(s) to

(Document	t Number of Corporation	(if known)
Pursuant to the provisions of section 607.1 ts Articles of Incorporation:	006, Florida Statutes, thi	s Florida Profit Corporation adopts the following an
A. <u>If amending name, enter the new na</u> N/A	me of the corporation:	Th
	ation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbre "Co". A professional corporation name must cont
3. Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS)		1775 N BLOUND RD UNIT 419
		POMPANO BEACH FL 33069
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A
		· .
<ol> <li>If amending the registered agent and new registered agent and/or the new</li> </ol>		
Name of New Registered Agent	OMAR E. CO	RDOBA VARGAS
	1775 N BLOU	ND RD UNIT 419
	,	treet address)
New Registered Office Address:	POMPANO E	, riorida
New Registered Agent's Signature, if ch		y) (Zip Code)

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)	Title	<u>Name</u>	Address
1) Change	Р	OMAR E CORDOBA VARGA	PO BOX 25355
Add			TAMARAC FL 33320
Remove	S	CLADA C CASTRO LIDURIDA	PO BOX 25355
2) Change	<u> </u>	CLARA C CASTRO URUBU	TAMARAC FL 33320
Remove	VP	STEPHANIE CELIS	PO BOX 26108
3) Change	<del></del>		TAMARAC FL 33320
Remove			
4) Change	AS	LUZ M DELGADO	7012 NW 64 ST
Add Remove			TAMARAC FL 33321
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
/A	
· · · · · · · · · · · · · · · · · · ·	
•	
· · · · · · · · · · · · · · · · · · ·	
<del> </del>	<del></del>
. If an amendment provides for an exch	nange, 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)	
DMAR EDUARDO CORDOBA V	ARGAS-PERCENTAGE OF OWNERSHIP 50%
CLARA CATALINA CASTRO UF	RUBURU-PERCENTAGE OF OWNERSHIP 50%

The date of each amendment(s)	adoption: N/A	, if other than the
date this document was signed.		
Effective date if applicable: 04	1/20/2014	<del></del>
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were are by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
·	(voting group)	
	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were as action was not required.  Dated 04/20/2	dopted by the incorporators without shareholder action and shareholder	
Signatur <del>e</del>	Thursday A	
(By a select	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	OMAR E CORDOBA CASTRO	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	
,	(Title of person signing)	<del></del>