P14000037882

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	, , ,
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City/State/Zin/Phone #)
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Olty/Olate/Zip/r Horie #)
(Document Number) Certified Copies Certificates of Status	PICK-UP WAIT MAIL
(Document Number) Certified Copies Certificates of Status	
Certified Copies Certificates of Status	(Business Entity Name)
Certified Copies Certificates of Status	
Certified Copies Certificates of Status	(Document Number)
	•
	Cartified Conies Cartificates of Status
Special Instructions to Filing Officer:	Certified Copies Certificates of Status
Special Instructions to Filing Officer:	
	Special Instructions to Filing Officer:





200260889462

06/09/14--01011--019 **35.00

SECULTARY OF STATES OF CORPORATIONS OF CORPORATIONS

C. LEVAIS

JUN 20 2014

EXAMINIER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ONE-STOP DOCUMENT NUMBER: P140000378		CORP.			
The enclosed Articles of Amendment and fee are sub	omitted for filing.				
Please return all correspondence concerning this mat-	ter to the following:				
Juan A. Sanche	OZ Name of Contact Person				
Juan A. Sanche					
	Firm/ Company	_			
10251 SW 72 St., #106					
Miami, FL 3317	Address 73				
	City/ State and Zip Code				
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:					
Juan A. Sanchez Name of Contact Person	at (305	275-8550			
,					
Enclosed is a check for the following amount made p	ayable to the Florida Depa	riment of State:			
■ \$35 Filing Fee S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssec. FL 32301			

Articles of Amendment to Articles of Incorporation of



14 JUN -9 PH 1:27

One-Stop Distributors, Corp.	
(Name of Corporation as currently filed with the Flo	orida Dept. of State)
P14000037882	
(Document Number of Corporation (if)	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P	'o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	2499 W. 8th Lane
(Principal office address MUST BE A STREET ADDRESS)	Hialeah, FL 33010
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2499 W. 8th Lane
	Hialeah, FL 33010
D. If amending the registered agent and/or registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent N/A	
(Florida stree	et address)
New Registered Office Address:	Florida
(City)	(Zıp Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent—I am familiar wi	ith and accept the obligations of the position.
Signature of New Registered As	gent, 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.

X Change	<u>PT</u> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ce Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	PRES	EMILIO J. RUBIDO	2499 W. 8th Lane
Add			Hialeah, FL 33010
Remove 2) Change	VP	HELENA RUBIDO	2499 W. 8th Lane
Add			Hialeah, FL 33010
Remove 3) Change			
Add			
4) Change			_
Remove			
5) Change			_
Remove			
6) Change			
Add			

E. If amending or adding additional Articles, enter change(s) here:				
(Attach additional sheets, if necessary). (Be specific)				
N/A				
A CONTRACT OF THE STATE OF THE				
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,				
provisions for implementing the amendment if not contained in the amendment itself:				
(if not applicable, indicate N/A)				
N/A				

FILED SECRETARY OF STATE MINISION OF CORPORATION

The date of each amendment(s) adoptio	n:	, if other than the
date this document was signed.	14 JUN -9 PM 1:21	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) at for approval.	
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the	e amendment(s) was/were sufficient for approval	
by	19	
	(voting group)	
The amendment(s) was/were adopted baction was not required	by the board of directors without shareholder action and shareholder	
	by the incorporators without shareholder action and shareholder	
action was not required.		
Dated	6/6/14	
	10/6/14 10	
(By a director selected, by a	r, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)	_
	Emilio J. Rusido	
	(Typed or printed name of person signing)	
	president	
	(Title of person signing)	