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(Ac	Idress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
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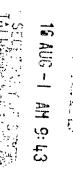


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AUG 09 2016

R. WHITE





COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BEST BY & SALE CO	DRPORATION
DOCUMENT NUMBER: P16000043769	
The enclosed Articles of Amendment and fee are submitted	d for filing.
Please return all correspondence concerning this matter to	the following:
RUBEN D TORO	
Na	me of Contact Person
RUBEN TORO PA	
•	Firm/ Company
7901 KINGSPOINTE PARKWAY	
	Address
ORLANDO, FL, 32828	
Cit	y/ State and Zip Code
rubentorocpa@hotmail.com	
· ·	future annual report notification)
	,
For further information concerning this matter, please call:	
RUBEN D TORO	at (407) 370-6445
Name of Contact Person	at () Area Code & Daytime Telephone Number
Name of Contact Person	Area code & Daytime Telephone Number
Enclosed is a check for the following amount made payable	e to the Florida Department of State:
Certificate of Status C	43.75 Filing Fee & Status dditional copy is nclosed) \$\int \frac{1}{3}\frac{52.50}{2}\text{ Filing Fee} \text{ Certificate of Status} \text{ Certified Copy} \text{ (Additional Copy is enclosed)}
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

16 AUS -1 AM 9: 43

BEST BY & SALE I CORPORATION

(Name of Corpor	ation as currently filed with the Fl	orida Dept. of State) - Trails
P16000043769		
(Doc	cument Number of Corporation (if kn	nown)
Pursuant to the provisions of section 607.1006, Flo its Articles of Incorporation:	rida Statutes, this <i>Florida Profit Cor</i>	poration 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 w "Corp.," "Inc" or Co.," or the designation "Coword "chartered," "professional association," or t	orp," "Inc," or "Co". A profession	
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	
D. If amending the registered agent and/or regis new registered agent and/or the new register	stered office address in Florida, ended office address:	ter the name of the
Name of New Registered Agent		
	(Florida street address)	
	(Fibrial street address)	
New Registered Office Address:	(Florida street address)	, Florida

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)

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>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	mith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change	<u>S</u>		VALERIA DE MEDEIROS SOUTO	7301 MARDELL CT.
X Add				ORLANDO, FL 32835
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		<u> </u>		
Add				
Remove				
5) Change				
Add				4
Remove				
6) Change		<u></u>		
Add				
Remove				

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exchange of the amer	ange, reclassification, or cancellation of issued shares, and adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	and the desired of the distribution reserved.

date this document was signed.	her than th
Effective date if applicable:	
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be l document's effective date on the Department of State's records.	listed as th
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
7/19/2016	
Signature Mulling Co Sant	
(By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
RUBENS C SOUTO	
(Typed or printed name of person signing)	
DPST .	
(Title of person signing)	