P12000018446

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ALLAHASSEE, FLORIDA

OCT 31 2019
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**COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: 800 BARBERA CORP

DOCUMENT NUMBER: P12000018446

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

THAMARA PEREZ
Name of Contact Person

TABADESA ASSOCIATES
Firm/ Company

419 W 49TH ST SUITE 111
Address

HIALEAH, FL 33012
City/ State and Zip Code

TAMMYP@TABADESA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THAMARA PEREZ at (305) 558-0622
Name of Contact Person — Area Code & 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 & Certificate of Status

☐ $43.75 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

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

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

800 BARBERA CORP

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

P12000018446

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this ***Florida Profit Corporation*** adopts the following amendment(s) to its Articles of Incorporation:

A. **If amending name, enter the new name of the corporation:**

_____ *The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "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 "P.A."*

B. **Enter new principal office address, if applicable:**
*(Principal office address **MUST BE A STREET ADDRESS** )*

_____

_____

_____

C. **Enter new mailing address, if applicable:**
*(Mailing address **MAY BE A POST OFFICE BOX**)*

_____

_____

_____

D. **If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

*Name of New Registered Agent* _____

_____
*(Florida street address)*

*New Registered Office Address:* _____, Florida _____
*(City)* *(Zip Code)*

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**New Registered Agent's Signature, if changing Registered Agent:**
*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

_____
*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.*

**Example:**

| | | |
|---|---|---|
| X Change | PT | John Doe |
| X Remove | V | Mike Jones |
| X Add | SV | Sally Smith |

| Type of Action (Check One) | Title | Name | Address |
|---|---|---|---|
| 1) ☐ Change | P | RAQUEL OLIVA-ZAMORA | 419 W 49 ST |
| ☐ Add | | | SUITE 111 |
| ☑ Remove | | | HIALEAH, FL 33012 |
| 2) ☐ Change | VP | SUSANA OLIVA-ZAMORA | 419 W 49 ST |
| ☐ Add | | | SUITE 111 |
| ☑ Remove | | | HIALEAH, FL 33012 |
| 3) ☐ Change | P | JOSE OLIVA GARCIA | 419 W 49 ST |
| ☑ Add | | | SUITE 111 |
| ☐ Remove | | | HIALEAH, FL 33012 |
| 4) ☐ Change | | | |
| ☐ Add | | | |
| ☐ Remove | | | |
| 5) ☐ Change | | | |
| ☐ Add | | | |
| ☐ Remove | | | |
| 6) ☐ Change | | | |
| ☐ Add | | | |
| ☐ Remove | | | |

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E. **If amending or adding additional Articles, enter change(s) here**:
(Attach *additional sheets, if necessary).* *(Be specific)*

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*)

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**The date of each amendment(s) adoption:** _____, if other than the date this document was signed.

**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. 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)*

☑ 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.

Dated 10/7/2019

Signature _____
(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)

JOSE OLIVA GARCIA
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

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