596026

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



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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | RATION: LA BARBARA D | DELIVERY INC. | | | |
|--|--|--|--|--|--|
| DOCUMENT NUMI | | | | | |
| The enclosed Articles | of Amendment and fee are su | | | | |
| Please return all corre | spondence concerning this ma | atter to the following: | | | |
| | MARISOL BROOKS | | | | |
| | | Name of Contact Person | n | | |
| | MTATAX@LIVE.COM | | | | |
| | | Firm/ Company | | | |
| | 7975 NW 154 STREET STE | E 430 | | | |
| | Address | | | | |
| | MIAMI LAKES, FL 33016 | | | | |
| | | City/ State and Zip Cod | e | | |
| MTA | TAX@LIVE.COM | | | | |
| | E-mail address: (to be us | sed for future annual report | notification) | | |
| | | | | | |
| For further information | n concerning this matter, pleas | se call: | | | |
| MARISOL BROOKS | | at (305 | 827-6088 | | |
| Name of Contact Person | | Area Co | _) 827-6088 de & Daytime Telephone Number | | |
| Enclosed is a check fo | r the following amount made | payable to the Florida Depa | artment 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 | | Amend Divisio Clifton | Address ment Section on of Corporations Building xecutive Center Circle | | |

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

| LA BARBARA DELIVERY INC. | | |
|--|--|--|
| (Name of Corporat | tion as currently filed with the Florida De | pt. of State) |
| 596026 | | |
| (Docu | ment Number of Corporation (if known) | |
| Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation: | da Statutes, this Florida Profit Corporation | adopts the following amendment(s) to |
| A. If amending name, enter the new name of the c | corporation: | |
| | | The new |
| name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the | p," "Inc," or "Co". A professional corpo | porated" or the abbreviation |
| B. Enter new principal office address, if applicable | le: | |
| (Principal office address MUST BE A STREET AD | | |
| | | |
| | | |
| C. Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE Bo | <u>OX</u>) | |
| | | |
| | ,,, | |
| | | |
| D. If amending the registered agent and/or registe | ered office address in Florida, enter the na | ame of the |
| new registered agent and/or the new registered | | |
| Name of New Registered Agent | | |
| rume of then register en rigers | | |
| Silver de Contraction | (Florida street address) | |
| | (1 to the street date ess) | |
| New Registered Office Address: | (City) | , Florida(Zip Code) |
| | icay | (Eq. Code) |
| | | |
| New Registered Agent's Signature, if changing Re | egistered Agent: | |
| I hereby accept the appointment as registered agent. | | ons of the gosition. |
| | | |
| | | The fact that the second of th |
| | | The same of the sa |
| Sig | gnature of New Registered Agent, if changing | i i i i i i i i i i i i i i i i i i i |
| | | Eg v III |
| | | |

If ameraling 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 Do | <u>oe</u> | |
|-------------------------------|-----------|-------------------|-----------|-----------------|
| X Remove | <u>V</u> | Mike Jo | nnes | |
| X Add | <u>sv</u> | Sally Sr | nith_ | |
| Type of Action (Check One) | Title | | Name | <u>Addres</u> s |
| 1) Change | | a an a | | |
| Add | | | | |
| Remove | | | | |
| 2) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 3) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 4)Change | | | | |
| Add | | _ | | |
| Remove | | | | |
| | | | | |
| 5) Change | _ | _ | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | _ | | |
| Add | | | | |
| _ Remove | | | | |

| (Attach aa | ditional sheets, if necessary). (Be specific) |
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| provisio (if n | ndment provides for an exchange, reclassification, or cancellation of issued shares, as for implementing the amendment if not contained in the amendment itself: or applicable, indicate N/A) C. ALBERT FORMERLY HELD 50 PERCENT OF CAPITAL STOCK. |
| GERVASIO | C. ALBERT HAS TRANSFERRED 25 PECENT OF CAPTIAL STOCK TO ARMANDO ALVAREZ |
| GERVASIO | C. ALBERT NOW HOLDS 25 PERCENT OF CAPITAL STOCK. |
| ARMANDO | ALVAREZ NOW HOLDS 25 PERCENT OF CAPITAL STOCK. |
| | |
| | |
| | |

| | 01/01/2016 | |
|--|---|---|
| The date of each amendment(s) date this document was signed. | adoption: | , if other than the |
| | 1/01/2016 | |
| Effective date if applicable: | (no more than 90 days after amenda | nent file date) |
| Note: If the date inserted in the document's effective date on the | s block does not meet the applicable statutory filing Department of State's records. | requirements, this date will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/were by the shareholders was/were | adopted by the shareholders. The number of votes ca sufficient for approval. | st for the amendment(s) |
| | approved by the shareholders through voting groups. For each voting group entitled to vote separately on t | |
| "The number of votes c | ast for the amendment(s) was/were sufficient for appr | oval |
| by | (voting group) | |
| • | (voting group) | |
| ☐ The amendment(s) was/were action was not required. | adopted by the board of directors without shareholder | action and shareholder |
| ☐ The amendment(s) was/were action was not required. | adopted by the incorporators without shareholder acti | on and shareholder |
| 01/16/2 Dated | 016 | |
| | U Carl. C | |
| (By sele | a director, president or other officer – if directors or officed, by an incorporator – if in the hands of a receive binted fiduciary by that fiduciary) | |
| | GERVASIO ALBERT | |
| | (Typed or printed name of person sign | ing) |
| | PRESIDENT | |
| | (Title of person signing) | |