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Mr. au

SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Cerraje	ria Ales, Inc.
DOCUMENT NUMBER: F6567	9
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this n	natter to the following:
David (Name of C	Schzalez Contact Person)
<u>Cerrajeria</u>	Ales, Inc.
F W 6011	-lagler ST
Miami, (City/State	FL 33130 and Zip Code)
For further information concerning this matter, ple	ease call:
(Name of Contact Person)	at (<u>305</u>) <u>365-8539</u> (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made	e payable to the Florida Department of State:
\$35 Filing Fee \$\times \text{Certificate of Status}\$	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 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

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of TALECRA	574 p. PM 1: 34
Cerrajeria Ales. Inc.	ASSEE, FISTATE
(Name of Corporation as currently filed with the Florida Dept. of State)	- LORIDA
F65679	
(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:

e new name must be distinguishable and contain to incorporated" or the abbreviation "Corp.," "Inc.," or Coo". A professional corporation name must conta sociation," or the abbreviation "P.A."	Co.," or the designation "Corp," "Inc," or
	un me word chartered, projessional
Enter new principal office address, if applicable: rincipal office address <u>MUST BE A STREET ADDRESS</u>	N/A
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
If amending the registered agent and/or registered office	
new registered agent and/or the new registered office a	
Name of New Registered Agent: David	Ganzalez President
	W Flaglex ST_ orida street address)
	(City) , Florida 331 (Zip Code)
ew Registered Agent's Signature, if changing Registered	Agent:

e position.

Signature of New Registered Agent, if changing

removed and	the Officers and/or Directors, enter the title, name, and address of each Officers		irector being
(Attach additi	ional sheets, if necessary) Name	Address	Type of Action
	Estrella E. Ganzalez		
<u>reasur</u> er	Ramon Lorente	1102 W Flagler ST Miami, FL 33130	_ □ Add _ ☑ Remove
·			Add Remove
	NIA		
provision	endment provides for an exchange, recast for implementing the amendment if applicable, indicate N/A)	not contained in the amendment	

The date of each amendment(s) adoption: $6/2/2008$
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"
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 12/11/08
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)
(Typed or printed name of person signing)
President (Title of person signing)