502094

(Requ	iestor's Name)				
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(City/s	State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	ON: MIAM PET FOOL) WAREHOUSE, INC	
DOCUMENT NUMBER:			<u>.</u>
The enclosed Articles of An		bmitted for filing.	
Please return all corresponde	ence concerning this mat	tter to the following:	
ANO	EL D CORDOVA		
-		Name of Contact Person	l
ANG	EL D. CORDOVA & C		
		Firm/ Company	
780 1	N.W. 42nd AVENUE SU	• •	
		Address	
MIA	MI, FL 33126		
		City/ State and Zip Code	
AR@ACO	RDOVA.COM		
•		ed for future annual report	notification)
For further information conc	erning this matter, pleas	e call:at (、444-5511
Name of Cor	ntact Person	at (Area Co-	de & Daytime Telephone Number
Enclosed is a check for the f	ollowing amount made p		
■ \$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)
P.O. Box	nt Section f Corporations	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation of

MIAMI PET FOOD WAREHOUSE, INC

(<u>Name of Cor</u>	oration as curre	ntly filed with the Florida D	ept. of State)		
J02094					
(1	Document Number	r of Corporation (if known)			
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, th	is <i>Florida Profit Corporation</i>	n adopts the follo	wing amend	ment(s) t
A. If amending name, enter the new name of	the corporation:				
N/A				The n	iew
name must be distinguishable and contain th "Corp.," "Inc.," or Co.," or the designation word "chartered." "professional association,"	'Corp," "Inc," or	"Co". A professional corp		abbreviat	ion
B. Enter new principal office address, if appl (Principal office address <u>MUST BE A STREE</u>		N/A			_
]>(2010	— —
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFIC</u>	<u>'E BOX</u>)	N/A	7.0 7.7 3.0 3.0		- L
			:0		m
				3	
D. If amending the registered agent and/or renew registered agent and/or the new regis			name of the	្ត ភូ	-
N/A Name of New Registered Agent					
Name of New Registered Agent	_		· -		
	(Florida	street address)			
N/A	•	,	Florido		
New Registered Office Address:		(City)	, Florida 	Zip Code)	_
New Registered Agent's Signature, if changin I hereby accept the appointment as registered a			ions of the positio) <i>1</i> 7.	
accept the opportunition as registered as	5 · <i>am jamine</i>				
		v Registered Agent, if changir			

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 <math>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 De	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) X Change	PDT		MIRIAM MEDINA	17760 N.W. 129 AVE
				MIAMI, FL 33018
Remove				
2) X Change	VD	_	ALBERTO MEDINA	17760 N.W. 129 AVE
Add				MIAMI, FL 33018
Remove				
3) Change		_		
Add				
Remove				
4) Change		- -		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

Ά	ling or adding a dditional sheets,	if necessary).	(Be specific)				
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<u>11 an an</u> provisi	ions for implem	<u>des for an exc</u> enting the am	enange, reciassi endment if not	contained in th	cellation of issue e amendment its	self:	
(if	not applicable, i	indicate N/A)					
A							
_	_ 	<u></u>					
				·	·		
				<u></u>			

The date of each amendment(s) adoption:, if other than it date this document was signed.
Effective date if applicable:
(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 listed as the document's effective date on the Department of State's records.
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.
4/25/2018 Dated
$\mathcal{D}(\mathcal{A}, \mathcal{D}(\mathcal{A}))$
Signature Signat
(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)
MIRIAM MEDINA
(Typed or printed name of person signing)
DIRECTOR
(Title of person signing)