M50726

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CORPORATION NAMED OF THE CONTRACTOR	4D777 (a) (42)
CORPORATION NAME(S) & DOCUMENT NUM	ABEK(2) (u kuomi):
1. TALLERES 800 CORP.	(Document #)
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
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(Corporation Name)	(Document #)
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NEW FILINGS AMEND	MENTS
Profit Amendment	
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Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 30, 2004

LAZARUS

TALLAHASSEE, FL

SUBJECT: TALLERES 800, CORP.

Ref. Number: M50726

We have received your document for TALLERES 800, CORP. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette Document Specialist

Letter Number: 704A00042622

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SUPPLY AND A STATIONS
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Articles of Amendment to Articles of Incorporation of

TALLERES 800, CORP.

(Name of corporation as currently filed with the Florida Dept. of State

M50726

(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:

NEW CORPORATE NAME (if changing):

(must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

DELETED	ADDED
MAILING ADDRESS	MAILING ADDRESS
8758 SW 8 ST	4000 W. 11 Lane Unit 7
MIAMI FL 33174	Hialeah, Fl 33012
REGISTERED AGENT	REGISTERED AGENT
Olmedo Jose R	Orlando Armando Almanza
1056 W 68 ST	4000 W. 11 Lane Unit 7
Hialeah, Fl 33014	Hialeah, FI 33012
ARICLE VII OFFICER/DIRECTOR	ARICLE VII OFFICER/DIRECTOR
Olmedo Jose R P	Orlando Armando Almanza P
1056 W 68 ST	4000 W. 11 Lane Unit 7
Hialeah, FI 33014	Hialeah, Fl 33012
Olmedo Jose R SD	Orlando Armando Almanza SD
1056 W 68 ST	4000 W. 11 Lane Unit 7
Hialeah, Fl 33014	Histeah, Ft 33012

(Attach additional pages if necessary)

If an amendment provides for 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)

The date of each amendment(s) adoption: 06/23/2004
Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved 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.
Signed this $\frac{23}{2}$ day of $\frac{300}{2}$.
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)
OLMEDO JOSE R
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERD OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

REGISTERED AGENT SIGNATURE

SECRETARY OF STATE