## P00000013909

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: La Patrona B	Bakery, Corp.
DOCUMENT NUMBER: P00000013909	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning the	us matter to the following:
Michaela Carrera	
	Name of Contact Person
	Firm/Company
110 W Mowry Dr	
<del>-</del>	Address
Homestead, FL 33030	
	City/ State and Zip Code
Lapatronabakeryhomestead@	gmail.com
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter	, please call:
Michaela Carrera	at (305 ) 242-4044
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount r	made payable to the Florida Department of State:
\$35 Filing Fee	
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

La Patrona Bakery, Corp.				
(Name	of Corporation as currently	filed with the Florida Dept.	of State)	
P00000013909				
	(Document Number of	Corporation (if known)	······································	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this F	'lorida Profit Corporation ado	opts the following	g amendment(s) to
A. If amending name, enter the new n	ame of the corporation:			
	·			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associates."	nation "Corp," "Inc," or "C	o". A professional corporati		
B. Enter new principal office address, (Principal office address MUST BE A S				
C. Enter new mailing address, if appl (Mailing address MAY BE A POST				
		<del></del>	<u> </u>	<u></u>
D. If amending the registered agent an new registered agent and/or the ne		ss in Florida, enter the name	of the	
	Michaela Carrera			
Name of New Registered Agent				
	110 W Mowry Dr.			
	(Florida stree	:t address)		
New Registered Office Address:	Homestead		Florida	
	(6	City)	(Zip C	ode)
New Degistered Agent), Signature if a	hansing Designand Assue			
New Registered Agent's Signature, if c I hereby accept the appointment as regist	nanging Registered Agent: tered agent. I am familiar wi	th and accept the obligations i		en e
, II 0	1 de	1	121 p	ADD AN AND AND
	Signature of New Re	gistered Agent, if changing		e marin y marine

## 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>Y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1)Change	Р	Angela Andree	110 W Mowry Dr.
Add			Homestead, FL 33030
X Remove			
2) Change	P	Michaela Carrera	110 W Mowry Dr.
XAdd			Homestead, FL 33030
Remove			
3)Change			
Add			
Remove			
4) Change	*****		
Add			
Remove			
5) Change			
Add			·
Remove			
6) Change			
Add			
Remove			

	(Be specific)
provisions for implementing the amo (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the amo (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the amo (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the amo (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the amo	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) adoption:	if other than the
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 requirement's effective date on the Department of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.	the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the an	
"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 was not required.	on and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action ar action was not required.	nd shareholder
10/18/2016	
Signature	
(By a director, president or other officer – if directors or office selected, by an incorporator – if in the hands of a receiver, trus appointed fiduciary by that fiduciary)	
Angela Andree	
(Typed or printed name of person signing)	
President	
(Title of person signing)	· · · · · · · · · · · · · · · · · · ·