P000000 57822

(Requestor's Name)	
(Address)	!
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filling Officer: HOLED TO CALL ALACET STOWN OF ADDRESS 1)	
Office Use Only	



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11 AUG 26 AM 8: 11

SECRETARY OF STATE
FALLAHASSEE, FEORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

August 10, 2011

GLORIA HUITRON LA FOGATA, INC. 924 NORTHLAKE BLVD. LAKE PARK, FL 33408-5226

SUBJECT: LA FOGATA, INC. Ref. Number: P00000057822

We have received your document for LA FOGATA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

PHOTO COPIES OF SIGNATURES ARE NOT ACCEPTABLE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 211A00018779

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORP	PORATION:	LA FOGATA, I	NC
DOCUMENT NU	MBER:	P00000057	822
The enclosed Artic	les of Amendment and fee a	are submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
		SLORIA HUITRON	
	Y	Name of Contact Person	
		A FOGATA, INC	
		Firm/ Company	
	924	NORTHLAKE BLVD.	
		Address	
		PARK, FL 33408-5226	·
	C	City/ State and Zip Code	
	STARL50 E-mail address: (to be use	@BELLSOUTH.NET d for future annual report notifica	tion)
For further informa	ation concerning this matter,	please call:	
•	AR E. LINEHAN	at (321)	253-5675
Name	of Contact Person		me Telephone Number
Enclosed is a check	for the following amount n	nade payable to the Florida I	Department of State:
✓ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ad		Street Address	
Amendment Section Division of Corporations		Amendment Section Division of Corporation	ns
P.O. Box 6327		Clifton Building	
Tallahassee FL 32314		2661 Evecutive Center	Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

LA FOGAT	A, INC	
	ently filed with the Florida Dept. of State)	
P0000005	57822	
(Document Num	ber of Corporation (if known)	
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	5, Florida Statutes, this Florida Profit Corporation adopts	the following
A. If amending name, enter the new name of	the corporation:	
abbreviation "Corp.," "Inc.," or Co.," or the	he word "corporation," "company," or "incorporated" designation "Corp," "Inc," or "Co". A professional corplessional association," or the abbreviation "P.A."	The new or the poration
B. Enter new principal office address, if appl	licable:	EC T
(Principal office address <u>MUST BE A STREE</u> T		FILE AUG 29 CRETARY LAHASSE
		FILEU 29 PI 1ARY O ASSEE.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	CE BOX	2: 367 SIAIE
D. If amending the registered agent and/or renew registered agent and/or the new regis	egistered office address in Florida, enter the name of the tered office address:	
Name of New Registered Agent:	9241)OPH AKE PLUD	
New Registered Office Address:	(Florida street address)	
-	City) (Zip Code)	16)
	(City) (Zip Code)	
New Registered Agent's Signature, if changin I hereby accept the appointment as registered ag	ng Registered Agent: gent. I am familiar with and accept the obligations of the p	osition.
	SEDU	
${S_i}$	ignature of New Registered Agent, if changing	

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)

Title	Name .	<u>Addrèss</u>	Type of Action
DIR	EDUINSON GOMEZ	1290 WOODBINE WAY #1223 PALM BEACH GARDENS, FL 33418	
			_ ☐ Add _ ☐ Remove
	ling or adding additional Articles, endiditional sheets, if necessary). (Be sp		
provisio	nendment provides for an exchange, poss for implementing the amendment of applicable, indicate N/A)		
			·
			

	(s) adoption: AUGUST /, 2011 AUGUST /, 2011 (no more than 90 days after amendment file date)
Effective date if applicable:	AUGUST (date of adoption is required)
• • • • • • • • • • • • • • • • • • •	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/w	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement of 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/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated 8	16/2011
Signature `	Moria Huitro
(By sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Gloria Huitrón
	(Typed or printed name of person signing)
	President
	(Title of person signing)