## P0000079701

(Re	equestor's Name)		
(Ac	ldress)		
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(Ci	ty/State/Zip/Phone	· #)	
PICK-UP	☐ WAIT	MAIL	
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(Document Number)			
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

-				
NAME OF CORPORATION:	SABOR	TROPICAL,	0027	
DOCUMENT NUMBER:	P0000	1059500		
The enclosed Articles of Amendme	nt and fee are submit	ted for filing.		
Please return all correspondence co	ncerning this matter t	o the following:		
	Ram			
	Ramo	Name of Contact Person	PA-	
5035 Falm Aue				
Haleah, FL 33012				
	١ ، ١	City/ State and Zip Code	,	
E mail o	Lenison-V	or luture annual report	th. not	
E-man a	address. (to be ased to	or future annual report	notification)	
For further information concerning	this matter, please ca	11:		
Ranon Ree	res	at ( 305	, 822.0669	
Name of Contact Pe	•		le & Daytime Telephone Number	
Enclosed is a check for the following	g amount made paya	ble to the Florida Depa	rtment of State:	
	cate 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)	
Mailing Address Amendment Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on orations	Amendi Division Clifton	Address ment Section n of Corporations Building xecutive Center Circle	

Tallahassee, FL 32301

## **Articles of Amendment**

4.5~

to
Articles of Incorporation of

SABOR TROPICAL, CORP
(Name of Corporation as currently filed with the Florida Dept. of State)
10FPF0000079701
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent Makel Parwez
SOUND ST
New Registered Office Address: Halah Florida 33012
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Signature of New Registered Togent, 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)

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.

Example: XChange	<u>PT</u> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	<u>ke Jones</u>	
X Add	SV Sal	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>P</u>	Hador Gonzalez	#2 601 WK 840E
Add Remove			Miame, 72 33147
2) Change	?	Makel Ramirez	362 W 34 St Hialeah, FL 33012
Remove 3) Change Add	<u>P</u>	Empsto Maya	6962 NW 17951 Apt 110 Waleah Fl 3305
Remove  4) Change  Add  Remove	S	Alalson Maya	6963 NW 1795 Apt 110 Hialeah, FL 33015
5) Change Add Remove			
6) Change Add Remove			

The date of each amendment(s) adoption: O4. O1. JOI4	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	<del></del>
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	
(voiing 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 04.01. 3014	
Signature Description	
(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)	
ldson Maya	
(Typed or printed name of person signing)	_
Socratary	
(Title of person signing)	<del></del>