# P0/000067013

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| (Re                     | questor's Name)   | · · · · · · · · · · · · · · · · · · · |
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| , 10                    | u1033)            |                                       |
| (Cit                    | y/State/Zip/Phone | e #)                                  |
| PICK-UP                 | ☐ WAIT            | MAIL                                  |
| (Bu                     | siness Entity Nan | ne)                                   |
| Ç- ii                   | <b>,</b>          | ,                                     |
| (Do                     | cument Number)    |                                       |
| Certified Copies        | _ Certificates    | s of Status                           |
| Special Instructions to | Filing Officer:   |                                       |
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M 2-32-11



### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 26, 2011

NIRIA RODRIGUEZ COLPACK INTERNATIONAL CORP 4240 WEST 1 AVE HIALEAH, FL 33012

SUBJECT: COLPACK INTERNATIONAL CORPORATION

Ref. Number: P01000067013

We have received your document for COLPACK INTERNATIONAL CORPORATION and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Registered agent is not an acceptable signature.

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) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 311A00017684

HECEIVED

11 AUG 29 AM 8: 04

SECHETARY OF SCALE

# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATIO  | N: COLPACE                         | INTE                           | ERNATIONAL CO  | RP    | ORATION  |
|---|------------------------------------|--------------------------------|--|-------|--|
| DOCUMENT NUMBER: _  |                                    |                                | P01000067013   |       |  |
| The enclosed Articles of Ame  | ndment and fee are                 | submitt                        | ed for filing.   |       |  |
| Please return all corresponder  | nce concerning this n              | natter to                      | the following:   |       |  |
| ·   |                                    |                                | RIGUEZ   |       |  |
|   | Name                               | e of Con                       | tact Person  |       |  |
|   | COLPACK INTER                      | NATIC                          | NAL CORPORATIO   | N     |  |
|   | F                                  | Firm/ Co                       | mpany  |       |  |
|   | 4240                               | ) WES                          | T 1 AVE  |       |  |
|   | <del></del>                        | Addr                           | ess  |       |  |
|   | HIALEA                             | H, FLC                         | ORIDA 33012  |       |  |
|   | City/                              | State an                       | d Zip Code   |       |  |
| E-ma  | affordac                           | tg@ac                          | ol.com<br>annual report notification)  |       |  |
| For further information conce   | rning this matter, ple             | ase cal                        | <b>l</b> :   |       |  |
| NIRIA RODR  |                                    | at (_                          | 305 ) 3  |       |  |
| Name of Contact P   | erson                              |                                | Area Code & Daytime Te   | lepho | one Number   |
| Enclosed is a check for the fo  | llowing amount mad                 | e payal                        | ole to the Florida Depar   | tme   | ent of State:  |
|   | 5 Filing Fee &<br>ficate of Status | Ce                             | 3.75 Filing Fee & rtified Copy Iditional copy is enclosed)   |       | \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is enclosed) |
| Mailing Address Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314 |                                    | Ame<br>Divis<br>Clifte<br>2661 | et Address<br>ndment Section<br>sion of Corporations<br>on Building<br>Executive Center Circ<br>hassee, FL 32301 | le    |  |

## **Articles of Amendment** to **Articles of Incorporation** of



### COLPACK INTERNATIONAL CORPORATION

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

| (Ivame of Corporation as cutremery fried with  | /                                      | ALLAHAMI OF CT.           |
|--|--|---------------------------|
| P01000067013   |  | ALLAHASSEE, FLORDA        |
| (Document Number of Corporat   | ion (if known)                         | - чмед                    |
| Pursuant to the provisions of section 607.1006, Florida Statut amendment(s) to its Articles of Incorporation:  | es, this <i>Florida Profit Corpora</i> | tion adopts the following |
| A. If amending name, enter the new name of the corporation   | <u>n:</u>                              |                           |
| N/A  |  | The new                   |
| name must be distinguishable and contain the word "corp<br>abbreviation "Corp.," "Inc.," or Co.," or the designation "C<br>name must contain the word "chartered," "professional associa | orp," "Inc," or "Co". A profe          | ssional corporation       |
| B. Enter new principal office address, if applicable:  | N/A                                    |                           |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )  |  |                           |
|  |  | _                         |
|  |  | <del></del>               |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  | N/A                                    |                           |

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:  | N/A          |              |  |
|--------------------------------|--------------|--------------|--|
| New Registered Office Address: | (Florida str | eet address) |  |
|                                |              | , Florida    |  |
|                                | (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 Agent, if changing

|                  | N                                       | Adduses  | Tune of Astis- |
|------------------|---|--|----------------|
| <u> Fitle</u>    | <u>Name</u>                             | <u>Address</u>   | Type of Action |
| <u>D</u>         | ELIAS JARAMILLO                         | 9800 SW 15TH DRIVE   | _ 🔲 Add        |
|                  |   | DAVIE. FL 33324  | _ 🛮 Remove     |
| _                | NICOLAO MODALEO                         |  | _              |
| <u>D</u>         | NICOLAS MORALES                         | 9581 FONTANBLEAU BLVD  |                |
|                  |   | SUITE 502<br>MIAMI, FL 33172   | _  Remove      |
|                  |   | IXIMINI, LE. SOLLE   | _              |
|                  |   |  | _ D Add        |
|                  | •                                       |  | _              |
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|                  |   |  |                |
|                  |   | e, reclassification, or cancellation of is   |                |
| provisi          | ons for implementing the amendme        | e, reclassification, or cancellation of is<br>nt if not contained in the amendment |                |
| provisi<br>(if r |   |  |                |
| provisi<br>(if r | ons for implementing the amendme        |  |                |
| provisi<br>(if r | ons for implementing the amendme        |  |                |
| provisi          | ons for implementing the amendme        |  |                |
| provisi<br>(if r | ons for implementing the amendme        |  |                |

| The date of each amendmen                        | t(s) adoption: AUGUST 24, 2011  |
|--|---|
| ,<br>Effective date if applicable:               | AUGUST 24, 2011  (re more than 90 days after amendment file data)   |
| Enecuve date in applicable.                      | (no more than 90 days after amendment file date)  |
| Adoption of Amendment(s)                         | (CHECK ONE)   |
|  | ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.   |
|  | ere approved by the shareholders through voting groups. The following statement ed 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. | ere adopted by the board of directors without shareholder action and shareholder  |
| The amendment(s) was/we action was not required. | ere adopted by the incorporators without shareholder action and shareholder   |
|  | GUST 24, 2011   |
| sel  | y 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) |
|  | ELIAS JARAMILLO   |
|  | (Typed or printed name of person signing)   |
|  | DIRECTOR  |
|  | (Title of person signing)   |