POLODUT	\$122
(Requestor's Name) (Address) (Address)	800303914138
(City/State/Zip/Phone #)	05/28/1701008005 ★★35.00
Certified Copies Certificates of Status	SEP 29 2017 S. YOUNG
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#### COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: \_\_\_\_\_

DOCUMENT NUMBER: PO1000078122

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**ISRAEL PINO** 

Name of Contact Person

MUDEJAR INC.

Firm/ Company

175 W. 58 TERRACE

Address

HIALEAH, FLORIDA 33012

City/ State and Zip Code

MUDEJARINC@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**ISRAEL PINO** 219-0245 ) at (\_ Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314

Certificate of Status Certified Copy (Additional Copy

2661 Executive Center Circle Tallahassee, FL 32301

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

MUDEJAR INC.

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

PO1000078122

(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:

#### 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."

Β.	Enter new	principal	office a	ddress, i	if applica	able:
						ADDRESS)

C.	<u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u> )		SEU
			AH
			SSE
			-î î
D.	If amending the registered agent and/or registered office addres	s in Florida, enter the name of the	고
	new registered agent and/or the new registered office address:		3
			Em

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

(Zip Code)

, Florida

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**F** 19 Ē

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

# 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:

John Don

DT

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:

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<u>A</u> Change	<u></u>	<u></u>	
<u>X</u> Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
<u>Type of Action</u> (Check One)	Title	Name	Address
1) Change	р	DARIELA PINO	175 W. 58 TERRACE
Add			HIALEAH, FL. 33012
x Remove			
2) Change	<u>р</u>	ISRAEL PINO	175 W. 58 TERRACE
XAdd			HIALEAH, FL. 33012
Remove			
3 ) Change			
Add			
Remove			
4) Change	,		
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change			
Add			
Remove			

### E. If amending or adding additional Articles, enter change(s) here:

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(Attach additional sheets, if necessary). (Be specific)

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F. If an amendment provides for an 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)

Page 3 of 4

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The date of each amendment(s) add	07/15/2017 option:	if other than
date this document was signed.		<u> </u>
	/2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date wi artment of State's records.	Il not be listed as
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	eted by the board of directors without shareholder action and shareholder	
09/25/2017 Dated		
Signature		
(By a dir selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
1	SRAEL PINO	
	(Typed or printed name of person signing)	
I	PRESIDENT	
-	(Title of person signing)	

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