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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: SOL DE BORINQ	UEN BAKERY, INC.		
DOCUMENT NUMB	BER: P01000089341			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	GONZALEZ, JOSE			
		Name of Contact Person		
	SOL DE BORINQUEN BAKERY, INC.			
		Firm/ Company		
	2510 MICHIGAN AVESUIT	E C		
		Address		
	KISSIMMEE, FL 34744			
		City/ State and Zip Code		
	INFO@NADIESABEMAS.C	СОМ		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
GONZALEZ, JOSE		at (<u>407</u>	8464810	
Name o	of Contact Person	Area Coc	le & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment of State:	
■ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amendi Division The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee I. Monroe Street, Suite 810 ssee, FL 32303	

Articles of Amendment to Articles of Incorporation of

(<u>Name o</u>	of Corporation as curren	tly filed with the F	lorida Dept. of State)		
P01000089341					
	(Document Number	of Corporation (if k	nown)		
Pursuant to the provisions of section 607, ts Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Co	rporation adopts the followi	ng amer	ndment(s) t
A. If amending name, enter the new n	ame of the corporation:				
		<u></u>			new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C" chartered," "professional association,"	Corp." "Inc." or "Co".	A professional con	corporated" or the abbreviat rporation name must conta	on "Co in the	rp.," word
B. Enter new principal office address,					
Principal office address <u>MUST BE A S</u>	IREET ADDRESS)		(7) (1)	202	
				30	11
			•	72	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)				2 A	ſΠ
(Manual of Manual of Manua	<u> </u>	· · · · · · · · · · · · · · · · · · ·	11 7 3	_15_	
					—
			·	<u>~~~</u>	_
). If amending the registered agent an new registered agent and/or the new			nter the name of the		
Name of New Registered Agent	ALEXEI PEREZ	_			
induction the registered rigeria	455 GREENWOOD LN			-	
	(Florida s	treet address)		_	
New Registered Office Address:	KISSIMMEE		Florida 34746		
New Registered Office Address.		(City)	, rionda	Code)	
You Degistered Agent's Signature if a	hanging Registered Agen	t:			

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	SBD	PINO ADAY	12913 ISLA MORADA
Add			ORLANDO, FL 32837
X Remove			
2) Change	PD	NELSON HERNANDEZ	307 ESTANCIAS SEL JAVILLO
Add			ISABELLA AL 00662
X Remove 3) Change	TD	EVA H GONZALEZ	307 ESTANCIAS DEL JAVILLO
Add			ISABELLA AL 00662
X Remove			
4) Change			
Add			
Remove			
5) Change		-	
Add			
Remove			
6) Change		<u> </u>	
Add			
Remove			

ttach <i>additional si</i>	ding additional Art heets, if necessary).	(Be specific)				
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				<u>-</u>		
				-		
		<u> </u>				-
						
an amendment p	<u>provides for an excl</u>	hange, reclassific	ation, or cancell	ation of issued s	<u>hares,</u>	
rovisions for imp	olementing the ame	<u>indment if not co</u>	ntained in the a	<u>mendment itself</u>	<u>:</u>	
(if not applicat	ble, indicate N/A)					
	*				,	
				<u>.</u>		
						<u>-</u> _
						. <u> </u>

The date of each amendment(s) addate this document was signed.	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be document's effective date on the Do	lock does not meet the applicable statutory filing requirement epartment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
∇ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the ame officient for approval.	endment(s)
	proved by the shareholders through voting groups. The followin each voting group entitled to vote separately on the amendmen	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
selecte	irector, president or other officer – if directors or officers have red, by an incorporator – if in the hands of a receiver, trustee, or other fiduciary by that fiduciary) Nelson Herry Angel Man (Typed or printed name of person signing)	other court
	(Title of a vector signing)	
	(Title of person signing)	