## P01000116373

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: LATIN FOOD IMPORTS CORPORATION
DOCUMENT NUMBER: P01000116373
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
OSCAR MERCHAN
Name of Contact Person
LATIN FOOD IMPORTS CORPORATION
Firm/ Company
10697 NW 123RD STREET RD.
Address
MEDLEY, FL. 33178
City/ State and Zip Code
LATINFOODIMPORTS@HOTMAIL.COM  E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**OSCAR MERCHAN** Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address
Amendment Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



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## LATIN FOOD IMPORTS CORPORATION

P01000116373	: Piorida Dept. of State)
(Document Number of Corporation	ı (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, th its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	Tr.
name must be distinguishable and contain the word "corporal" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
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 ac new registered agent and/or the new registered office addresses.	

New Registered Office Address: MEDLEY

(Florida street address)

(City)

(Florida Street address)

Florida 33178

(Zip Code)

10697 NW 123rd. STREET RD

MERCHAN, OSCAR

New Registered Agent's Signature, if changing Registered Agent:

Name of New 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:

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:	,	y amin', an ab an nam	
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>	Name	Address
1) Change	P,VP	MERCHAN, MARIA E.	10697 NW 123rd ST. RD.
Add			MEDLEY, FL. 33178
Remove			
2) Change	Р	MERCHAN, OSCAR	10697 NW 123rd ST. RD.
Add			MEDLEY, FL. 33178
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
N/A	
<del> </del>	
	Fr
•	
F. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
N/A	

The date of each amendment(s) adoption: DECEIVIBER 01, 2013	, if other than the
date this document was signed.	
Effective date if applicable:  (no more than 90 days after amendment file date)	<del></del>
(no more than 90 days after amenament file date)	
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	
(voting 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_DECEMBER 01, 2013	
Signature Osman M -	
(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)	
OSCAR MERCHAN	
(Typed or printed name of person signing)	<del></del>
PRESIDENT	
(Title of person signing)	<u> </u>