

PO2000086862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000021368280

07/18/03--01072--001 **35.00

RECEIVED
JUL 18 PM 12:16
FILED
2003 JUL 18 PM 1:30
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

C. Cullister JUL 18 2003

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. NOVEDADES PLASTICAS, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00 ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF
NOVEDADES PLASTICAS, INC.

(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendments to its articles of incorporation;

FIRST: Amendment(s) adopted:(indicate article number(s) being amended, added or deleted)

ARTICLE SIX:

The name and post office address of the Board of Directors is as follows;

Isabel Lledo Valdes 6151 West 24th Ave #106
Hialeah, FL 33016

OFFICERS: Pres.

Isabel Lledo Valdes 6151 West 24th Ave #106
Hialeah, FL 33016

ARTICLE TWELVE:

The Registered Agent for services of process in the State of Florida and its registered office shall be"

Isabel Lledo Valdes
6151 West 24th Ave #106
Hialeah, FL 33016

SECOND: 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, are as follows:

FILED
2003 JUL 18 PM 1:30
TALLAHASSEE, FLORIDA
CLERK OF STATE

THIRD: The date of each amendment's adoption: July 17, 2003

FOURTH: Adoption of Amendment(s) (check one)

 The amendment(s) was/were approved by the shareholders. The number of
of votes for the amendment(s) 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)

X 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.

Signed this 17 day of July, 19 2003

Signature Evelia Rosa Lledo
(By the Chairman or Vice Chairman of the Board
of Directors, President or other officer if
adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

Evelia Rosa Lledo

Typed or printed name

President-Director

Title

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR
THE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY
ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.
I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF STATUTES RELATING TO THE
PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT
THE OBLIGATIONS MY POSITIONS AS REGISTERED AGENT.

SIGNATURE: 

DATE

:

7/17/03