## P04000025293

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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
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C. CARROTHERS

## **COVER LETTER**

Division of Corporations					
NAME OF CORPORATION: KIDS FIESTA, INC.					
DOCUMENT NUMBER: P0400025293					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Katherine Sanchez					
Name of Contact Person  Kids Fiesta, Inc.					
Firm/ Company					
940 SW 111th Way					
Address					
Davie, FL 33324					
City/ State and Zip Code					
Katiesanchez57@gmail.com  E-mail address: (to be used for future annual report notification)					
E-man address. (to be used for fature annual report notification)					
For further information concerning this matter, please call:					
Katherine Sanchez at (954) 756-3884					
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:					
\$35 Filing Fee Certificate of Status  \$\begin{array}{c cccccccc} \blue{43.75} & \blue{1.52.50} & 1.52.					
Mailing Address Amendment Section  Street Address Amendment Section					

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of

KIDS FIESTA, INC.			10 mg	<u>tin</u>
(Name of Corporation as	s currently file	d with the Florida Dept. of State)	The first of	<b>等</b>
P04000025293				The same of
(Docume	nt Number of C	orporation (if known)	1	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida S	tatutes, this <i>Florida Profit Corporal</i>	ion adopts the followin	ig amendment(s) to
A. If amending name, enter the new na	ame of the corr	oration:		5
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design				
word "chartered," "professional associa			Aportison name mass	comun me
B. Enter new principal office address,	if applicable:	Katherine S	3anchez	
(Principal office address MUST BE A S		940 SW 11	1th Way	_
		Davie, FL	33324	<u>.</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Katherine S	Sanchez	
		940 SW 11	1th Way	-
		Davie, FL	33324	<b>-</b>
D. If amending the registered agent ar	nd/or registered	l office address in Florida, enter th	e name of the	
new registered agent and/or the ne				
Name of New Registered Agent		ne Sanchez		
•	940 SW	/ 111th Way		
		(Florida street address)	0000411	
New Registered Office Address:	Davie	, FI	lorida 33324	<del>-</del>
		(City)	(Zip Code)	
New Registered Agent's Signature, if c	hanging Regist	ered Agent:		
I hereby accept the appointment as regis	eged ggent.	un familiar with and accept the oblig	gations of the position.	
<u> </u>				
\$	gnature 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: X_Change	<u>PT</u>	John Do	<u>ve</u>		
X Remove	$\underline{\mathbf{v}}$	Mike Jones			
X Add	<u>sv</u>	Sally Sr	<u>nith</u>		
Type of Action (Check One)	Title		Name	<u>Addres</u> s	
1) Change	P,D	_	Arelys Catena	1590 SW 190 Ave.	
Add				Pembroke Pines, FL	
Remove				33029	
2) Change	P,D	_	Katherine Sanchez	940 SW 111th Way	
Add				Davie, FL 33324	
Remove					
3) Change					
Add					
Remove					
4) Change	_	_			
Add					
Remove	,				
5) Change		<del></del>			
Add					
Remove					
6) Change	•				
Add		_			
Remove					
1					

If amending or adding additional A (Attach additional sheets, if necessar				
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ч				
If an amendment provides for an eprovisions for implementing the a (if not applicable, indicate N/A)	<u>imendment if not</u>	fication, or cancellati contained in the ame	on of issued shares, ndment itself:	
			·	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment 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 11 - 3 - 14	
Signature luly Land	
(By a director, president of other officer - if directors or officers have not been	· <del></del>
selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
appointed risidotally by that inductally)	
Arelys Catena	
(Typed or printed name of person signing)	
President	
(Title of person signing)	