Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : Ala REGISTERED AGENT INC.

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Phone

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:				

COR AMND/RESTATE/CORRECT OR O/D RESIGN MIAMI-MCLANE TRADING CORPORATION

Certificate of Status	0
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January 20, 2012

FLORIDA DEPARTMENT OF STATE

MIAMI-MCLANE TRADING CORPORATION Division of Corporations 3350 SW 148 AVENUE SUITE 110 MIRAMAR, FL 33027

SUBJECT: MIAMI-MCLANE TRADING CORPORATION

REF: P05000003876

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell Regulatory Specialist II

PAX Aud. #: H12000016474 Letter Number: 612A00001432

P.O BOX 6327 - Tallahassee, Florida 32314

H120000164743

Articles of Amendment

H120000164743

to
Articles of Incorporation
of

MIAMI-MCLANE TRADING CORPO		
P05000003876		
(Document Number of Corp	poration (if known)	
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the	e following amendment(s) to
A. Mamonding name, enter the new name of the corner	ation:	
·	·•	The new
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp.," "In word "chartered," "professional association," or the abbre B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	nc," or "Co". A professional corporation na eviation "P.A."	
C. Entor new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BOX)		FILED 12 JAN 20 M H: SERVER MAP APPROXIMATION APPROXIMATIO
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	fice address in Florida, enter the name of the address:	当题 25
Name of New Registered Agent		
		• *
Œ	Florida street address)	
Now Registered Office Address:	, Florida	
	(City) (Zip	Code)
New Registered Agent's Signature, If changing Registered hereby accupt the appointment as registered agent. I am fi	<u>d Agent:</u> Camiltar with and accept the obligations of the p	osition.

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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	PI	John Doc	
X Remove	<u>v</u>	Mike Jones	
_X Add	SY	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add _X Remove	s	BRLKIS C MARCANO	1183 SW 158 AVENUE PEMBROKE PINES FL 33027
2) Change Add Remove	S	BELKIS C MARCANO	1183 SW 158 AVENUE PEMBROKE PINES FL 33027
3) Change Add Remove		_	
4) Change Add Remove		<u> </u>	
5) Change Add Remove			
6) Change Add Remove	***************************************	<u> </u>	

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If amending or adding additional Articles, enter char	ngg(s) here:
(attach additional sheets, if necessary). (Be specific)	
Transmission and the second se	and the second of the second
If an amendment provides for an exchange, reclassific provisions for implementing the amendment if not co	eation, or cancellation of issued shares, entained in the amendment itself:
(if not applicable, indicate N/A)	
,	<u> </u>

H120000164743

he date of each amendment(s) ac	loption: JAN 11, 2	2012
ffective date <u>if applicable</u> :	(no more than 90 days	after amendment file date)
doption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were sui	pted by the shareholders. The numb fficient for approval.	or of votes cast for the amendment(s)
The amendment(s) was/were approvided for	roved by the shareholders through ve each voting group entitled to vote se	oting groups. The following statement parately on the amendment(s):
"The number of votes cast f	for the amendment(s) was/were sutlid	cient for approval
by		
	(voting group)	A
action was not required. The amendment(s) was/were adoption was not required.	pted by the incorporators without sha	reholder action and shareholder
Dated JANUA	RY 12, 2012	
Signature	6.4.	
sciected	rector, prosident or other officer—if by an incorporator—if in the hands and fiduciary by that fiduciary)	
<u>!</u>	LUIS ROJAS	
_	(Typed or printed name of	person signing)
·	DIRECTOR	
_	(Title of person signing)