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1.UG 3 1 2017 R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPORATION: B TWINS BAKERY, CORP.

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DOCUMENT NUMBER: _____

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BLANCA FLORES

Name of Contact Person

B TWINS BAKERY, CORP.

Finn/ Company

1550 SW 1ST STREET SUITE 15

Address

MIAMI, FL 33135

City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BLANCA FLORES at (305) 649-4130 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

□\$43.75 Filing Fee & Certificate of Status S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □\$52.50 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 <u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

A.\$

| | Articles of Amendment to | FILED | |
|--|---|-------------------------------------|--|
| | Articles of Incorporation of | 17 AUG 29 PM 3: 1 | |
| TWINS BAKERY, CORP. | 01 | | |
| | f Corporation as currently filed with the Florid | la Dept. of State) | |
| 05000073906 | | | |
| | (Document Number of Corporation (if known | n) | |
| ursuant to the provisions of section 607. s Articles of Incorporation: | 006, Florida Statutes, this Florida Profit Corport | ation adopts the following amendmen | |
| . If amending name, enter the new na | me of the corporation: | | |
| | ain the word "corporation," "company," or " | | |
| ord "chartered," "professional associa Enter new principal office address. Principal office address <u>MUST BEAS</u> C. <u>Enter new mailing address, if appli</u> (Mailing address <u>MAY BE A POST</u>) D. <u>If amending the registered agent an</u> | <u>f applicable:</u> <u>(REET ADDRESS</u>) <u></u> <u>cable:</u> <u>)FFICE BOX</u>) | | |
| ord "chartered," "professional associa . <u>Enter new principal office address,</u> Principal office address <u>MUST BEAS</u> . <u>Enter new mailing address, if appli</u> <i>(Mailing address <u>MAY BE A POST</u>)</i> . <u>If amending the registered agent and</u> <u>new registered agent and/or the new</u> | ion, " or the abbreviation "P.A." <u>f applicable:</u> <u>(REET ADDRESS</u>) <u>cable:</u> <u>DFFICE BOX</u>) d/or registered office address in Florida, enter 1 | | |
| ord "chartered." "professional associa <u>Enter new principal office address.</u> Principal office address <u>MUST BEAS</u> <u>Enter new mailing address, if appli</u> (Mailing address <u>MAY BE A POST</u>) <u>If amending the registered agent an</u> | ion, " or the abbreviation "P.A." <u>f applicable:</u> <u>REET ADDRESS</u>) <u>cable:</u> <u>DFFICE BOX</u>) <u>d/or registered office address in Florida, enter ly registered office address:</u> BLANCA FLORES | | |
| ord "chartered," "professional associa <u>Enter new principal office address</u> , <i>rincipal office address</i> <u>MUST BEAS</u> <u>Enter new mailing address, if appli</u> (Mailing address <u>MAY BE A POST</u>) <u>If amending the registered agent and</u> <u>new registered agent and/or the new</u> | ion, " or the abbreviation "P.A." <u>f applicable:</u> <u>(REET ADDRESS</u>) <u>cable:</u> <u>DFFICE BOX</u>) <u>d/or registered office address in Florida, enter (registered office address:</u> | | |
| bord "chartered," "professional associa <u>Enter new principal office address</u>. Principal office address <u>MUST BE A S</u> <u>Enter new mailing address, if appli</u> (Mailing address <u>MAY BE A POST</u>) <u>If amending the registered agent and new registered agent and/or the new</u> | ion, " or the abbreviation "P.A." <u>f applicable:</u> <u>(REET ADDRESS</u>) <u>cable:</u> <u>DFFICE BOX</u>) <u>d/or registered office address in Florida, enter (registered office address:</u> BLANCA FLORES 1550 SW 1ST STREET SUITE 15 | | |

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

X 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: X Change

: .

| <u>X</u> Change | <u>PT</u> | John Doe | |
|-------------------------------|-----------|--------------------------|-----------------------------|
| X Remove | <u>v</u> | Mike Jones | |
| <u>X</u> Add | <u>SV</u> | Sally Smith | |
| Type of Action (Check One) | Title | Name | <u>Address</u> |
| 1) Change | P | BLANCA FLORES | 1550 SW 1ST STREET SUITE 15 |
| X Add | | | MIAMI, FL 33135 |
| Remove | | | |
| 2) X Change | V | FRANCISCO FLORES PERALES | 1550 SW 1ST STREET SUITE 15 |
| Add | | | MIAMI, FL 33135 |
| Remove | | | |
| 3.) Change | | | <u> </u> |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 57 Change | | | |
| Add | | | , |
| Remove | | | |
| 6) Change | | | ······ |
| Add | | | |
| Remove | | | |

E. If amending or adding additional Articles, enter change(s) here:

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(Attach additional sheets, if necessary). (Be specific)

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F. 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: (if not applicable, indicate N/A)

Page 3 of 4

| 08/18/2017 | |
|--|--------------------------|
| | , if other than the |
| late this document was signed. 08/18/2017 | |
| Effective date if applicable: | |
| (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records. | ill not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the shareholders. The number of votes east 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. | |
| 08/18/2017 | |
| Dated | |
| XQ1) | |
| Signature Signature | |
| (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) | |
| BLANCA FLORES | |
| (Typed or printed name of person signing) | |
| PRESIDENT | |
| (Tis), of a sume visual a) | · · · · |
| (Title of person signing) | |
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