## P07000024648

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SEGNETARY OF STATE DIVISION OF CHAPORATIONS

## COVER LETTER

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**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORI	PORATION:	IZARRA CORP			
DOCUMENT NU	MBER:	P07000024648	· · · · · ·		
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.			
Please return all co	prrespondence concerning thi	s matter to the following:			
		EDRC M PEREZ			
•	N	ame of Contact Person			
		IZARRA CORP			
	Firm/ Company  18851 SW 25TH COURT				
	Adiress				
	MI	RAMAR FL 33029			
		ity/ State and Zip Code			
	E-mail address: (to be used	d for future annual report notification)			
For further information	ation concerning the matter,	please call:			
PE	DRO M PEREZ	at ( 954 ) 2	2742820		
Name of Contact Person		Area Code & Daytime Te	lephone Number		
Enclosed is a chec	k for the following amount m	nade payable to the Florida Depar	tment 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		Street Address Amendment Section Division of Corporations Clicton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

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_ <sup>23 PM</sup> 2: 13

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(Name of Corporation as curren	la Dept. of State)	<: 1		
<del></del>				
P0700024648 (Document Number of Corporation (if known)				
Pursuant to the provisions of section 507.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this I	Tlorida Profit Corporation adopts the	e following	
A. If amending name, enter the new name of t	he corporation:			
name must be distinguishable and cortain the abbreviation "Corp.," "Inc.," or Co.," or the dename must contain the word "chartered, "profes	esignation "Corp," "In	"company," or "incorporated" or c," or "Co". A professional corpora		
B. Enter new principal office address, f applic (Principal office address MUST BE A STREET)				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)			
D. If amending the registered agent and/or registered agent and/or the new registered Name of New Registered Agent:		in Florida, enter the name of the		
		<del></del>		
New Registered Office Address:	(Florida street	address)		
_		, Florida		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	ent. I am familiar with	and accept the obligations of the posit	ion.	

## 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
TREA SU	GIOVANI BARRIOS	2637 SW 189 AV	_ ☑ Add _ ☐ Remove
	ng or adding additional A ticles, editional sheets, if necessary). (Be a		
provision		e, reclassification, or cancellation of i nt if not contained in the amendmen	

The date of each amendment	t(s) adoption: 10	/23/2009
Effective date if applicable:	10/23/2009	(date of adoption is required)
-	(no more than s	90 days after arrendment file date)
Adoption of Amendment(s)	(CH	HECK ONE)
The amendment(s) was/we by the shareholders was/w		e shareholders. The number of votes cast for the amendment(s) approval.
		ne shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amer	ndment(s) was/were sufficient for approval
by		
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the	e board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the	e incorporators without shareholder action and shareholder
Dated 10/2	3/2009	Manufacture Hold
Signature (By	a director pres	dent or other officer - if directors or officers have not been
		porator – if in the hands of a receiver, trustee, or other court
app	ointed fidu fary	by that fiduciary)
		PEDRO M PEREZ
	(Ty	ped or printed name of person signing)
		PRESIDENT
	(Title o	of person signing)