P0700047372

Office Use Only



400252687374

10/21/13--01050--016 **35.00

SECRETARY OF STATE AT ALL PLASSEE FLORIDA

OCT 28 2013 T. CARTER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	_{RATION:} Frias Fami	ly Enterprises, I	nc		
DOCUMENT NUM	BER: P0700004737	<u></u>			
	of Amendment and fee are su				
Please return all corre	spondence concerning this ma	tter to the following:			
	Maria C. Frias				
		Name of Contact Perso	n		
	Frias Family Enterprises, Inc.				
	Thas raining Ente	Firm/ Company			
	14415 7th Street	rimii Company			
	144 13 7 111 311 661				
	Dada Oiki Flavid	Address			
	Dade City, Florid				
		City/ State and Zip Cod	e		
del	carmen97@aol.co	om			
		sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
Maria C. Fria	ıs	_{at (} 813	, 482-8616		
	of Contact Person		de & Daytime Telephone Number		
Name	or Contact reison	Alta Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address		Street Address			
	endment Section ision of Corporations	Amendment Section Division of Corporations			
	. Box 6327	Clifton Building			
Tall	ahassee, FL 32314	2661 Executive Center Circle			
		Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation of



Frias Family Enterprises, Inc.

13 OCT 21 PM 3: 38

P07000047372				
(Document Number of Corpo	ration (if known			
Pursuant to the provisions of section 607.1006, Florida Statutits Articles of Incorporation:	tes, this <i>Florida</i>	Profit Corporation add	opts the following	g amendment(s) to
A. If amending name, enter the new name of the corporate	tion:			
				_The new
name must be distinguishable and contain the word "cor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc word "chartered," "professional association," or the abbrev	;," or "Co". A	npany," or "incorpor professional corporat	ated" or the ai ion name must o	bbreviation contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS				
C. Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		, in the second second		
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a		orida, enter the name	of the	
Name of New Registered Agent				
(Flo	orida street addre	GS)		
New Registered Office Address:		, Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	Agent: miliar with and	accept the obligations	of the position.	
Signature of New Regi	stered 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>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	S/D	_	Maria C. Frias	P.O. Box 1917
Add				Dade City, Fl 33526
Remove				
2) Change	P/D	_	Ivan Frias	14415 7th Street
Add				Dade City, FL 33523
Remove				
3) Change		_	***************************************	
Add				
Remove				
4) Change		-		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

E. If amending or adding additional Article (Attach additional sheets, if necessary). (es, enter change(s) here: (Be specific)
***************************************	· · · · · · · · · · · · · · · · · · ·
F. If an amendment provides for an exchan	ge, reclassification, or cancellation of issued shares, ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
Ivan Frias owns 50% of the shares	and Maria C. Frias owns 50% of the shares.

The date of each amendmen	t(s) adoption: October 14, 2013	, if other than the
date this document was signed		
Effective date <u>if applicable</u> :	October 14, 2013 (no more than 90 days after amendment file date)	
	, , , , , , , , , , , , , , , , , , ,	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	,,	
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated_Oct	ober 14, 2013	
Signature _	Maria C. Frias	_
	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ppointed fiduciary by that fiduciary)	
	Maria C. Frias	
	_	
	Secretary	
	(Title of person signing)	