## P07000014421

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: LA MEXICANA BAKERY INCORPORATED				
DOCUMENT NUMBER: P07000074621				
The enclosed Articles	of Amendment and fee are sub	omitted for filing.		
Please return all corres	pondence concerning this mat	ter to the following:		
	THOMAS K. BOA	RDMAN		
•		Name of Contact Person		
	THOMAS K. BOA	RDMAN, P.A.		
		Firm/ Company		
	P.O. Box 2197			
•		Address		
	LaBelle, FL 3397	5		
•		City/ State and Zip Code		
	Noglast	22 @ embara	a mail com	
	E-mail address: (to be us	22 @ embar 9	dotification)	
For further information concerning this matter, please call:				
THOMAS K.	BOARDMAN	<sub>at (</sub> 863	674-1027	
Name o	of Contact Person		de & 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	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301	

## Articles of Amendment Articles of Incorporation

## LA MEXICANA BAKERY INCORPORATED

(Name of Corporation as currently filed with the Florida Dept. of State)

P07000074621

(Document Number of Corporation (if known)

ZOIS JAN 12 AM II: 46

TALLAM SSEE FLORION Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

A CASA DULCE, INC.  Tame must be distinguishable and contain the word "corpora  Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or  ord "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must
. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS )	N/A
rincipal office address <u>MOST BE ASTREET ADDRESS</u> )	· · · · · · · · · · · · · · · · · · ·
. Enter new mailing address, if applicable:	N/A
	IN/O
(Mailing address MAY BE A POST OFFICE BOX)	19//
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	dress in Florida, enter the name of the
(Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office ad	dress in Florida, enter the name of the
If amending the registered agent and/or registered office ac new registered agent and/or the new registered of fice addr.  Name of New Registered Agent  N/A	dress in Florida, enter the name of the
(Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office access new registered agent and/or the new registered of fice address N/A  Name of New Registered Agent	dress in Florida, enter the name of the ess:  street address)

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>e</u>	
X Remove	<u>V</u>	Mike Jor	nes	
X Add	<u>sv</u>	Sally Sm	<u>iith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		<del></del>		
Add Remove				
2) Change		_		
Add Remove				
3) Change		_		
Remove				
4) Change		<del>_</del> .		
Add Remove				
5) Change				
Add Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Article (Attach additional sheets, if necessary).	(Be specific)
/A	
	<del> </del>
	·
	***
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
I/A	
/A	

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 by the shareholders was/were sufficient for approval.	ent(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"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 shareh action was not required.	older
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	r
Dated 18205 Signature	
(By a director, president or other officer - if directors or officers have not be	
selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	court
NOE C. LEAL, JR.	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	