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EXPRESS CORPORATE FILING SERVICE INC. Requestor's Name 1000 PONCE DE LEON BLVD. SUITE:101 Address CORAL GABLES, FL 33134 (305) 444-4994 City/State/Zip Phone # OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) 3. (Corporation Name) (Document #) (Document #) (Corporation Name) Certified Copy Walk in Pick up time Photocopy Certificate of Status Mail out Will wait AMENDMENTS NEW FILINGS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Merger OTHER FILNGS REGISTRATION/ QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark

Other

Examiner's Initials

Articles of Amendment to Articles of Incorporation of

FILED

2009 MAR 13 AM 11: 17

DOLLY CAMARONERA, INC. SECRETARY OF STATE (Name of Corporation as currently filed with the Florida Dept. of State) AHASSEE, FLORID
P07000123280 (Document Number of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the ollowing amendment(s) to its Articles of Incorporation:
. If amending name, enter the new name of the corporation:
the new name must be distinguishable and contain the word "corporation," "company," or incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or Co". A professional corporation name must contain the word "chartered," "professional ssociation," or the abbreviation "P.A."
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent:
Name of New Registered Agent:
New Registered Office Address: (Florida street address)
, Florida
(City) (Zip Code)
lew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the osition.
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)

Title`	<u>Name</u>	<u>Address</u>	Type of Action
P/D	LUIS ENRIQUE SORI	1255 W 46 STREET	☑ Add
		HIALEAH, FL 33012	Remove
<u>P/S/T</u>	DEMETRIO PELAEZ	7711 SW 136 AVE	
		MIAMI, FL 33183	
V/S/T	DEMETRIO PELAEZ	1255 W 46 STREET	
		HIALEAH, FL 33012	☐ Remove
provis	mendment provides for an exchang ions for implementing the amendment applicable, indicate N/A)		

Th	e date of each amendment(s) adoption: 03-12-09
Efi	fective date if applicable: (no more than 90 days after amendment file date)
Ad	option of Amendment(s) (CHECK ONE)
	The amendment(s) was/were adopted by the shareholders. The number of votes cast 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)
Ø	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.
	Dated MARCH 12, 2009 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)
	DEMETRIO PELAEZ
	(Typed or printed name of person signing)
	PST
	(Title of person signing)