

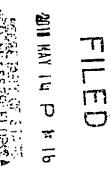
(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	
•	, ,	
(Dc	ocument Number)	
(,	
Certified Copies	Certificates of	Status
		1
Special Instructions to	Filing Officer:	

Office Use Only



300313086763

05/14/18--01044--023 **35.00



MAY 17 2013 T. LEWIEUX



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ROSADO D	ISTRIBUTION INC
DOCUMENT NUMBER: P08000026591	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning th	nis matter to the following:
FRANCISCO ROSAD	0
	Name of Contact Person
ROSADO DISTRIBUT	TION INC
	Firm/ Company
8314 CORAL STREET	•
	Address
SPRING HILL, FL 346	06
	City/ State and Zip Code
FROSADO64@YAHOO.CO	M
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter	, please call:
FRANCISCO ROSADO	at (352) 688-5959
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount i	made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of Sta	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ROSADO DISTRUBUTION INC

(Name of Corporation	as currently filed with the Florida Dept. of State)
P08000026591	
(Documen	t Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Stits Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp. ROSADO DISTRIBUTION INC	oration:
name must be distinguishable and contain the word	The new "corporation," "company," or "incorporated" or the abbreviation "lnc," or "Co". A professional corporation name must contain the breviation "P,A,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	
Name of New Registered Agent	No.
	(Florida street address)
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I a.	m familiar with and accept the obligations of the position
Signatu	re 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>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	CARMEN L ROSADO	8314 CORAL STREET
X Add			SPRING HILL, FL 34606
Remove			
2) Change		-	
Add			
Remove			
3) Change			
Add			
Remove			***
4) Change			
Add			<u></u>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
If an amandmant provider for an avak	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this to document's effective date on the Do	plock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	ot .
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
MAY 9, 20	018	
Dated	nehe.	
(By a d selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	FRANCISCO ROSADO	
	(Typed or printed name of person signing)	
	PESIDENT	
	(Title of person signing)	