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(Requestor's Name)	
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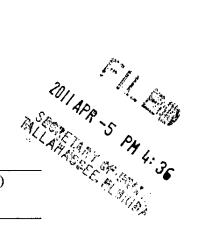
#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORP	ORATION:	ANNIE HORNE, INC	-
DOCUMENT NUI	MBER:	P08000029214	
The enclosed Articl	es of Amendment and fee	are submitted for filing.	
Please return all cor	respondence concerning the	his matter to the following:	
_		E MANNERS-NICHOLLS	
		Name of Contact Person	
_	Α	NNIE HORNE, INC.	
		Firm/ Company	
17020 NW 47 AVENUE		<u>.                                    </u>	
		Address	
_		MIAMI, FL 33055	
	1	City/ State and Zip Code	
<del></del>	E-mail address: (to be us	COMCAST.NET and for future annual report notification)	
For further informat	ion concerning this matter	r, please call:	
JANICE M	IANNERS-NICHOLLS	at (	08-6966
Name o	of Contact Person	Area Code & Daytime Te	lephone Number
Enclosed is a check	for the following amount	made payable to the Florida Depar	tment of State:
□ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	
Mailing Ad Amendment Division of 6 P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ.	le

Tallahassee, FL 32301

### **Articles of Amendment** tto **Articles of Incorporation**



#### ANNIE HORNE, INC.

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

#### P08000029214

(Document Number of Corporation (if known)

`	set of corporation (if kno	,
Pursuant to the provisions of section 607.1006 mendment(s) to its Articles of Incorporation:	5, Florida Statutes, this Fa	lorida Profit Corporation adopts the follo
. If amending name, enter the new name of	the corporation:	
ame must be distinguishable and contain to bbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "prof	designation "Corp," "Inc	c," or "Co". A professional corporation
B. <u>Enter new principal office address, if appl</u> Principal office address <u>MUST BE A STREE</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC		
If amending the registered agent and/or registered agent and/or the new regis		n Florida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street a	nddress)
_		, Florida
	(City)	(Zip Code)
lew Registered Agent's Signature, if changin hereby accept the appointment as registered ag		and accept the obligations of the position.
	ionatura of New Pagistana	d Agent if abgusing

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>D</u>	LINDA ALLEN		
D	ANTHONY THOMAS		
<u>VP</u>	ANA VAZQUEZ	5780 NW 7 STREET MIAMI, FL. 33126	
	ding or adding additional Articles, edditional sheets, if necessary). (Be s		
provisi	mendment provides for an exchange ons for implementing the amendment tot applicable, indicate N/A)		

## 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>	<u>Address</u>	Type of Action
<u>VP</u>	AARON WILLIAMS	2018 SW 68 AVE MIRAMAR, FL 33023	☑ Add □ Remove
<u>D</u>	BONCEAL BULLARD	2535 WEST 5 STREET HIALEAH, FL. 33010	☑ Add □ Remove
<u>D</u>	DARIO BAPTISTE	6107 IVY CHASE WAY ATLANTA, GA. 30342	
	ding or adding additional Articles, et dditional sheets, if necessary). (Be sp		
provisi	mendment provides for an exchange, ons for implementing the amendmen not applicable, indicate N/A)		

## 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
<u>D</u>	JULIE SLATER	294 E 40 STREET BROKLYN, NY, 11203	
(attach au	dditional sheets, if necessary). (B	e specific)	
provisio		ge, reclassification, or cancellation on the amendment if not contained in the amendment	

The date of each amendmen	t(s) adoption: MARCH 29, 2011
Effective date <u>if applicable</u>	MARCH 29, 2011
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
The amendment(s) was/we must be separately provide	ere 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	cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated MAI	RCH 29, 2011
Signature (By	Janiel Manners - Nicholls y a director, president or other officer - if directors or officers have not been
sel	ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	JANICE MANNERS-NICHOLLS
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)