## P08000037478

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
	ty/State/Zip/Phone	- #0
(Cit	ty/State/Zip/F110fft	<del>- π</del> )
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		:





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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: LEIDIS BAKERY	, INC.	
DOCUMENT NUMI			
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Patricia Inclan		
		Name of Contact Person	1
	Leidis Bakery, Inc. d/b/a Vec	ky Bakery 2	
		Firm/ Company	
	7395 Davie Road Ext	, ,	
	Address		
	Davie, Florida 33024		
		City/ State and Zip Code	2
patri	iciainclan941@gmail.com		
~		sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Patricia Inclan		.754	
Name of Contact Person		at ( Area Co	) de & Daytime Telephone Number
			•
Enclosed is a check to	r the following amount made	payable to the Florida Depa	ertment 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			Address
Amendment Section		Amendment Section	
Division of Corporations			n of Corporations
. = .	Box 6327 ahassee FL 32314		Building xecutive Center Circle
Lan	GUGSSEE. F.L. 32.314	Z001 E	ACCIDIVE CERRELARICIE

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

LEIDIS BAKERY, INC.

( <u>Name</u>	of Corporation as c	urrently filed with the F	lorida Dept, of State)	
P08000037478				
	(Document Nu	imber of Corporation (if k	nown)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statut	es, this Florida Profit Co.	rporation adopts the following amendment	(s) to
A. If amending name, enter the new na	ame of the corporat	<del>lion:</del>		
name must be distinguishable and con	tain the word "cor	navation " "agricum"	The new or "incorporated" or the abbreviation	
"Corp.," "Inc.," or Co.," or the design				
word "chartered," "professional associa			્યુ	
D 10 4				
B. <u>Enter new principal office address,</u> (Principal office address <u>MUST BE A S</u>		, —		
Trincipul office dualess <u>MOST DE AS</u>	TREET ADDRESS	,	五 一	
			See of	٠.
C. Enter new mailing address, if appli	icahle:		سيد براي الم	
(Mailing address MAY BE A POST			<u> </u>	
		<del>.</del>		
D. If amending the registered agent an			ter the name of the	
new registered agent and/or the new	w registered office a	address:		
Name of New Registered Agent	Patricia Inclan			
	7395 Davie Rd Ext	:		
	(Fle	orida street address)		
New Registered Office Address:	Davie		, Florida 33024	
		(City)	(Zip Code)	
New Registered Agent's Signature, if c	hanging Registered	Agent:		
hereby accept the appointment as regist			e obligations of the position.	
	Signature o	(New Registered Agent, i	Changing	
		1		

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	Name	Address
1) Change	PD	Abelardo Inclan	7395 Davie Road Ext
Add X Remove			Davie, Fl 33024
2) Change	PD	Patricia Inclan	7395 Davie Road Ext
X Add			Davie, Fl 33024
Remove			<del></del>
3 ) Change	<del></del>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	<del></del>
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
1	

	September 6, 2016	
The date of each amendment		, if other than the
date this document was signed		
Effective date if applicable:	September 6, 2016	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date with he Department of State's records.	ll not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
	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)	
	(voting group)	
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	
	ember 6, 2016	
Dated	- AB	
Signature		
	By a director, president or otherofficer - if directors or officers have not been	<del></del>
	elected, by an incorporator – if in the hands of a receiver, trustee, or other court	
aj	ppointed fiduciary by that fiduciary)	
	Patricia Inclan	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	