P09000007727

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

CARNICERIA HUETAMO, INC.

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	ON:	CARNICERIA HUETAM	O, INC.	
DOCUMENT NUMBER:		P0900007727		
The enclosed Articles of An	nendment and fee are su	bmitted for filing.		
Please return all correspond	ence concerning this ma	tter to the following:		
		NOE MAYA		
		Name of Contact Person	n	
	CARNICERIA HUETAMO, INC. Firm/ Company			
	2178 W. ATLANTIC AVE.			
	Address			
	DELRAY BEACH, FL 33445			
	City/ State and Zip Code			
		yzemservices@aol.com	1	
-11-	E-mail address: (to be us	sed for future annual report	notification)	
For further information cond	cerning this matter, please	se call:	279-2225	
Name of Contact Person			Area Code & Daytime Telephone Number	
Enclosed is a check for the	following amount made	payable to the Florida Depa	artment 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)	
Division o P.O. Box	ent Section of Corporations	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

CARNICERIA HUETAMO, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) P09000007727 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: 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 association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. 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 (Florida street address) New Registered Office Address: (City)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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)

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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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	MIGUEL ARZATE	2495 NW 25TH AVE
Add X Remove			BOYNTON BEACH, FL 33436
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attaci	ending or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
prov	amendment provides for an exchange, reclassification, or cancellation of issued shares, isions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
	· · · · · · · · · · · · · · · · · · ·
	•

	09/17/2016	
The date of each amendment(s) adoption	on:	, if other than the
date this document was signed.		
Effective date if applicable:	09/17/2016	
Effective date <u>il applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departm	does not meet the applicable statutory filing requirements, this da	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes cast for the amendment(s nt for approval.	s)
	I by the shareholders through voting groups. The following statemed voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for th	e amendment(s) was/were sufficient for approval	
by	,,	
	(voting group)	
action was not required.	by the board of directors without shareholder action and shareholde	er
action was not required.	, ,	
Dated	121/16	
Signature 200	u moura	
(By a directo selected, by	r, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other courduciary by that fiduciary)	1
	NOE MAYA	•
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	