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2009 JUN -8 PM 2: 2

SECRETARY OF STATE
ANASSEF, FLORI

Amend 6/9/09

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Aphrodisiac Corp.
DOCUMENT NUMBER: P090000 13214
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Margaret J. Lamonaco Name of Contact Person
Aphrodisiac Corp Firm/Company
11410 Elgin BIVd Address
Spring Hill FL 34608 City/State and Zip Code a phrodisiacs Yu Q amail. Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Margaret Lamona Coat (352) 835-9755 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee \& Certificate of Status \$\bigcup \\$43.75 Filing Fee \& Certificate \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

•	ŧ0	A`.
•	Articles of Incorporation	n 2000 //
•	of	JIII X
Aphroo	tion C	association of the second
		a Dept. of State) ALCORD ALC
(Name of Corporation as curr	ently filed with the Florida	1 Dept. of State
709	0000 13214	\$\frac{1}{2}\frac{1}{2
	mber of Corporation (if know	wn)
Pursuant to the provisions of section 607.100 mendment(s) to its Articles of Incorporation:	06, Florida Statutes, this Flo	orida Profit Corporation adopts the follow
A. If amending name, enter the new name of	f the corporation:	
		The new
abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "probable B. Enter new principal office address, if apprincipal office address MUST BE A STREE A STREE B. Enter new mailing address, if applicable	ofessional association," or a bolicable: ET ADDRESS	or Co . A projessional corporation the abbreviation "P.A."
(Mailing address MAY BE A POST OFFI		
,	·	······································
o. If amending the registered agent and/or new registered agent and/or the new regi		Florida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street ac	ddress)
	(City)	, Florida
	(Cuy)	(Zip Code)

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	Jose R Lamoraci	Spring Hill, Floor	Add Remove
VP	Mildred DePaz	2386 Belen Dr Deltona, FL	Add Remove
Secretary/ Treasur	Name Jose R Lamonaca Mildred De Raz Jose R Lamonaca Tose R Lamonaca Ter	Spring HII FL	Add Remove
	ng or adding additional Articles, enter of itional sheets, if necessary). (Be specificational sheets)		
•			
			
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	,		· · · · · · · · · · · · · · · · · · ·
<u>provision</u>	ndment provides for an exchange, reclassion implementing the amendment if napplicable, indicate N/A)		
<u> </u>			
			

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>	Name	Address	Type of Action
nanager	Misael DePaz	2386 Belen Dr De Hona, FL 32738	Add Remove
			_ □ Add □ Remove
			Add Remove
(attach add	itional sheets, if necessary). (Be spec	ific)	
provisions	ndment provides for an exchange, rec s for implementing the amendment if applicable, indicate N/A)		
	appricable, maleute 1471)		

The date of each amendment(s) adoption:	June	<u>D</u> ,	2009	1
•		date of adoption i	s required	d)	
Effective date if applicable:	JUne	5, 20	09		
•	(no more than 90 de	ays after amendm	ent file do	ate)	
Adoption of Amendment(s)	(CHEC	K ONE)			
The amendment(s) was/wer by the shareholders was/we			umber of	votes cast for the	he amendment(s)
The amendment(s) was/wern must be separately provided					
"The number of votes of	ast for the amendme	ent(s) was/were su	ıfficient f	or approval	
by			.,,		
	(voting group)				
The amendment(s) was/were action was not required. The amendment(s) was/were action was not required.					
(By a selec	Mou four of a director, president sted, by an incorpora sinted fiduciary by the	or other officer – tor – if in the han	if directo		
,	Mara (Typed)	are+	of person :	Lamo signing)	naco
	(Title of per	rson signing)			