

P09000016973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

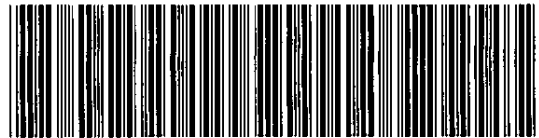
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

Returning
\$35 check



300159875863

10/29/09--01006--013

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
OCT 29 PM 4:05

AMEND 11/6
KRG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 19, 2009

ALTAMIRA SOUTH WINE IMPORT & DISTRIBUTION, INC.
2550 NW 72 AVENUE, SUITE 219
MIAMI, FL 33122

SUBJECT: ALTAMIRA SOUTH WINE IMPORT & DISTRIBUTION, INC.
Ref. Number: P09000016973

Upon receipt of your letter and/or check(s) totaling \$52.50, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

PLEASE SEND DOCUMENT AND CHECK TOGETHER.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 809A00033370

RECEIVED
2009 OCT 29 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 15, 2009

DEL SUR FOODS CORPORATION
3555 NW 77TH AVENUE, UNIT 100
DORAL, FL 33122

SUBJECT: ~~DEL SUR FOODS CORPORATION~~
Ref. Number: P05000122479

Upon receipt of your letter and/or check(s) totaling \$35.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Please return your check with a note stating what the money is intended for.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 709A00033076

RECEIVED
2009 OCT 23 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Altamira South Wine Import & Distribution, Inc

DOCUMENT NUMBER: P09000016973

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jose Mellado

Name of Contact Person

Del Sur Foods

Firm/ Company

2550 NW 72 Avenue. Suite 219

Address

Miami, FL. 33122

City/ State and Zip Code

JM@fishgroup.cl

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose Mellado

Name of Contact Person

at (305)

470-1844

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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

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

Altamira South Wine Import & Distribution, Inc

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

P09000016973

(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:

The new 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**)

420 Sterling Road

Suite 737

FT. Lauderdale, FL, 33004

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

2550 NW 72 Avenue

Suite 219

Miami, FL, 33122

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:

Jose Mellado

New Registered Office Address:

2550 NW 72 Avenue, Suite 219

(Florida street address)

Miami

(City)

Florida 33122

(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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
09 OCT 29 PM 4:05

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> | <u>Type of Action</u> |
|--------------|---------------------------------|---|--|
| <u>S</u> | <u>Jose Mellado</u> | <u>12502 SW 119 Court</u> <u>Miami, FL 33186</u> | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u>P</u> | <u>Maria G. Caceres Goiburu</u> | <u>2715 North Ocean Blvd.</u> <u>Suite 18D</u> <u>Fort Lauderdale, FL 33308</u> | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u>P</u> | <u>Maria G. C. Goibury</u> | <u>1901 North Ocean Blvd</u> <u>Apt 4</u> <u>Fort Lauderdale, FL 33305</u> | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: October 2, 2009

Effective date if applicable: October 2, 2009 (date of adoption is required)
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided 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

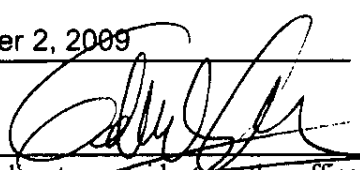
by _____."
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated October 2, 2009

Signature _____


(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Maria G. Caceres Goiburu

(Typed or printed name of person signing)

President

(Title of person signing)