

PD9000029077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR - 1 PM 2:08

Amend
@ 4/1/11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PROBIOTIC & ORGANIC INTERNATIONAL CORP

DOCUMENT NUMBER: P09000029077

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

Please return all correspondence concerning this matter to the following:

RAMON REYESS

Name of Contact Person

RAMON REYES ACOOUNTING

Firm/ Company

5035 PALM AVE

Address

HIALEAH, FL 33012

City/ State and Zip Code

DENISOMT@BELLSOUTH

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

For further information concerning this matter, please call:

RAMON REYES

Name of Contact Person

at (305)

822-0669

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 21, 2011

RAMON REYES
RAMON REYES, P.A.
5035 PALM AVE
HIALEAH, FL 33012

SUBJECT: PROBIOTIC & ORGANIC INTERNATIONAL CORP
Ref. Number: P09000029077

We have received your document for PROBIOTIC & ORGANIC INTERNATIONAL CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is no statutory provision to file articles of correction to correct an annual report. An amended annual report would need to be filed. The amended annual report is filed online at our website, www.sunbiz.org.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 911A00006832

RECEIVED
11 APR - 1 AM 8:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

PROBIOTIC @ ORGANIC INTENATIONAL CORP

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

P09000029077

(Document Number of Corporation (if known))

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR - 1 PM 2:08

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**)*

5405 NW 102 AVE

BAY 203

SUNRISE, FL 33351

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

5405 NW 102 AVE

BAY 203

SUNRISE, FL 33351

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:

HEBE OCCUPATI

New Registered Office Address:

5402 NW 102 AVE

(Florida street address)

SUNRISE

(City)

, Florida 33351

(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.

Hebe occupati

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>	<u>Address</u>	<u>Type of Action</u>
<u>P.</u>	<u>JORGE ROJAS</u>	<u>5405 NW 102 AVE</u> <u>BAY 203</u> <u>SUNRISE, FL 33351</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>P/S</u>	<u>HEBE OCCUPATI</u>	<u>5405 NW 102 AVE</u> <u>BAY 203</u> <u>SUNRISE, FL 33351</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

PLEASE REMOVE JORGE ROJAS FROM THE COMPANY, ONLY PERSON STAYING
IS HEBE OCCUPATI

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: 03/29/2011
(date of adoption is required)

Effective date if applicable: _____
(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 03/29/2011

Signature Hebe Occupati
(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)

HEBE OCCUPATI
(Typed or printed name of person signing)

President / Secretary
(Title of person signing)