# P09000052753

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PALLAHASSEE FLORIDA

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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORP	ORATION:	ON: CEVICHE EXPRESS CORP			
DOCUMENT NU	MBER:	P09000052753			
The enclosed Artic	les of Amendment and fee	are submitted for filing.			
Please return all co	rrespondence concerning th	nis matter to the following:			
-		GERMAN CORREA			
	•	Name of Contact Person			
-		Firm/ Company			
-	325	NW 84 COURT, #808			
	,	Address			
-		MIAMI, FL 33126 City/ State and Zip Code			
	E-mail address: (to be us	ed for future annual report notification)			
For further informa	tion concerning this matter	, please call:			
	RMAN CORREA		953-5537		
Name	of Contact Person	Area Code & Daytime Te	elephone Number		
Enclosed is a check	for the following amount	made payable to the Florida Depar	rtment of State:		
<b>☑</b> \$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		Street Address Amendment Section Division of Corporations Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

### CEVICHE EXPRESS CORP (Name of Corporation as currently filed with the Florida Dept. of State) P09000052753 (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: CEVICHE DELIGHTS CORP 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: New Registered Office Address: (Florida street address) , Florida\_ (Zip Code) (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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
VICE-F	PAOLA ESPINOSA	325 NW 84 COURT, #808 MIAMI, FL 33126	☑ Add □ Remove
			_ □ Add _ □ Remove
	ng or adding additional Articles, of litional sheets, if necessary). (Be		
provision		e, reclassification, or cancellation of i nt if not contained in the amendmen	

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not been other court
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