P0900097930

(Re	questor's Name)	
(Ad	dress)	
. (Ad	dress)	
(Cit	y/State/Zip/Phone	= #)
PICK-UP	Mait Wait	MAIL.
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		·

Office Use Only



200289983572

09/15/16--01007--016 **35.00

215 EP 15 D 3: 14



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MARIA'S PALACE	CORP	
DOCUMENT NUMBER: P09000097930		
The enclosed Articles of Amendment and fee are subm	itted for filing.	
Please return all correspondence concerning this matte	to the following:	
GUADALUPE COLL		
	Name of Contact Person)	
MARIA'S PALACE CORP		
	(Firm/ Company)	
1781 SW 4TH STREET		
	(Address)	
MIAMI, FL 33135		
	City/ State and Zip Code)	
lupearocena@comcast.net		
E-mail address: (to be used	for future annual report notifica	tion).
For further information concerning this matter, please	all:	
GUADALUPE COLL	786 _.	277-0441
(Name of Contact Person)		e) (Daytime Telephone Number)
Enclosed is a check for the following amount made page	able to the Florida Department	of State:
\$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & Certificate of Status	Certified Copy Ce (Additional copy is enclosed) (A	2.50 Filing Fee rtificate of Status rtified Copy dditional Copy is nclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Addre Amendment S Division of Co Clifton Buildi ,2661 Executiv	ection orporations ng e Center Circle

Articles of Amendment to Articles of Incorporation of

manda da member dom	MA	RL	٩'S	PAL	ACE	CORP
---------------------	----	----	-----	-----	-----	------

(Name of Corporation as co	urrently filed with the Flor	ide Dent of State)
P09000097930	arrently med with the Fior	tua Dept. of State
(Document)	Number of Corporation (if ki	nown)
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	statutes, this Florida Not For	r Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	oration:	
N/A		The new
name must be distinguishable and contain the word "con" "Company" or "Co." may not be used in the name.	rporation" or "incorporatea	l" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDR</u>	ESS)	
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	d office address in Florida, fice address:	enter the name of the
Name of New Registered Agent: N/A		
New Registered Office Address:	(FI	orida street address)
Negistered Spice Hadress.		
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Regis	tered Agent.	
I hereby accept the appointment as registered agent. I		the obligations of the position.
	Signature of New Regist	ered Agent, if changing
	Page 1 of 4	
	rage rol v	

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)

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 X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	SD	EDUARDO AROCENA	1781 SW 4TH STREET
Add			MIAMI
X Remove			FLA 33135
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
I AM REMOVING EDUARDO AROCENA (SECRETARY DIRECTOR) AS AN OFFICER.
GUADALUPE COLL WILL HAVE 100% OF THE SHARES

The	date of each smendment(s) adoption:, 11	other than the
date	this document was signed.	
	09/08/2016	
Effe	ctive date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ment's effective date on the Department of State's records.	ted as the
Ado	otion of Amendment(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated SEPTEMBER 8, 2016	
	Signature X	
	(By the chairman or vice chairman of the board, president or other officer-if directors	
	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	GUADALUPE COLL	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	