## P10000019209

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Amend Cus Moldialio

## **COVER LETTER**

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: MAMITA'S	GROCERY, INC.	
DOCUMENT NUMBER: P1000001920	9	
The enclosed Articles of Amendment and fee are	e submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
LES	SLIE ARBOLEDA	
(Nan	ne of Contact Person)	
UNICO F	FINANCIAL SERVICES	
	(Firm/ Company)	
99	1 SW 71ST AVE	
	(Address)	
NORTH L	AUDERDALE, FL 33068	
(City	/ State and Zip Code)	
	ANCIAL@HOTMAIL.COM	
·	e used for future annual report notifica	ation)
For further information concerning this matter, p	please call:	
LESLIE ARBOLEDA	at (954)_7208473	3
(Name of Contact Person)	(Area Code & Daytin	me Telephone Number)
Enclosed is a check for the following amount ma		t of State:
\$35 Filing Fee & Certificate of Status	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 Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 3230	r Circle

## Articles of Amendment to Articles of Incorporation of

MAMITA'S (	SROCERY	', INC.		
(Name of Corporation as curren	tly filed with t	the Florida Dept. of Stat	te)	
MAMITA'S G	MAMITA'S GROCERY, INC.			
(Document Numb	(Document Number of Corporation (if known)			
Pursuant to the provisions of section 617.1006, Fithe following amendment(s) to its Articles of Income.		this <i>Florida Not For Pr</i>	ofit Corporation adopt	
A. If amending name, enter the new name of t	he corporatio	<u>n:</u>		
The new name must be distinguishable and con abbreviation "Corp." or "Inc." <u>"Company" or "</u>			rporated" or the	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		6043 B MIRAMAR PARKWAY		
		MIRAMAR FL 33023 US		
<ul> <li>C. Enter new mailing address, if applicable:         (Mailing address MAY BE A POST OFFICE)</li> <li>D. If amending the registered agent and/or requestred agent and/or the new registered.</li> </ul>	gistered office		E FL 33312 US	
Name of New Registered Agent:	CARMEN J GUZMAN			
	350 DEL	AWARE AVENUE		
New Registered Office Address:	(Flor	ida street address)	_	
FORT		LAUDERDALE (City)	_, Florida <u>33312</u> (Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered position.	agent. I am	gent:	· •	

Page 1 of 3

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
<u>P</u>	CARMEN J GUZMAN	350 DELAWARE AVENUE FORT LAUDERDALE FL 33312	Add Remove
<u>P</u>	GUZMAN, CHRISTIAN	350 DELAWARE AVENUE FORT LAUDERDALE FL 33312	Add Remove
			Add Remove
(attach d	nding or adding additional Articles, en additional sheets, if necessary). (Be sp UST CHANGING THE VP TO PR	pecific)	E PRESIDENT
	<del></del>		

The date of each amendmen	$t(s)$ adoption: $\frac{10}{100}$	0/12/2010
Effective date if applicable:	10/12/2010	(date of adoption is required)
	(no mor	re than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CH</u>	ECK ONE)
The amendment(s) was/we was/were sufficient for app	• •	members and the number of votes cast for the amendment(s)
✓ There are no members or adopted by the board of di		to vote on the amendment(s). The amendment(s) was/were
Dated_10/1 Signature	loue	vice chairman of the board, president or other officer-if directors
hav	e not been select	ed, by an incorporator – if in the hands of a receiver, trustee, of fiduciary by that fiduciary)
		GUZMAN, CARMEN J
	(Ту	ped or printed name of person signing)
		PRESIDENT
		(Title of person signing)

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