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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION:	Fish & Meat Depot, Inc	5.
DOCUMENT NUMBER: P10000020			
The enclosed Articles	of Amendment and fee a	re submitted for filing.	
Please return all corres	pondence concerning thi	s matter to the following:	
	 	ank Wolland, Esq.	
	N	ame of Contact Person	
	Law O	ffices of Frank Wolland	
		Firm/ Company	
	12865 West	Dixie Highway, Second Floor	
		Address	
	No	rth Miami, FL 33161	
		ity/ State and Zip Code	
	rollrf	rank@aol.com	
1	E-mail address: (to be use	d for future annual report notification)	
For further information	n concerning this matter,	please call:	
Frank '	Wolland, Esq.	at (305) 8	99-8588
	ontact Person	Area Code & Daytime Tel	ephone Number
Enclosed is a check for	r the following amount n	nade payable to the Florida Depar	tment 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		Street Address Amendment Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		Clifton Building 2661 Executive Center Circle	ام
Tallahassee, FL 32314		SOUT EXECUTIVE CEITEL CILC	10

Tallahassee, FL 32301

. Articles of Amendment Articles of Incorporation of

Fish & M	leat Depot, Inc.	
(Name of Corporation as curre	ntly filed with the Florid	a Dept. of State)
P100	000020077	
	ber of Corporation (if kno	own)
Pursuant to the provisions of section 607.1006 mendment(s) to its Articles of Incorporation:	5, Florida Statutes, this F	lorida Profit Corporation adopts the follo
. If amending name, enter the new name of	the corporation:	
		The new
name must be distinguishable and contain to abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "proj	designation "Corp," "Inc	c," or "Co". A professional corporation
3. Enter new principal office address, if app	licable:	
Principal office address <u>MUST BE A STREE</u>		
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE)		
 If amending the registered agent and/or r new registered agent and/or the new regis 		n Florida, enter the name of the
new registered agent and/or the new regis	nered office address:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street d	address)
		, Florida
•	(City)	(Zip Code)
New Registered Agent's Signature, if changing thereby accept the appointment as registered a		and accent the obligations of the nosition
ve, weeeps me appeniment an register ou a	germ. I wan jummaa man t	and accept the congustions of the position.
	(3)	
S_0	ignature of New Registere	d Agent, if changing

:	305	892	8434

• 4- 2-10;11:10AM;

¥ 9/ 10

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
VPTS	LILIANA MARTINEZ-MALO	10265 S.W. 70TH STREET MIAMI FL 33173	
VPTS	RAMON REY	4100 SW 60TH COURT MIAMI, FL 33155	
	ding or adding additional Articles, ente dditional sheets, if necessary). (Be spec		
provisi	mendment provides for an exchange, re ons for implementing the amendment i not applicable, indicate N/A)		
	or appricable, maicale NA)		

(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)

AIFREDO J. GONZAI

(Typed or printed name of person signing)

Presidente

(Title of person signing)