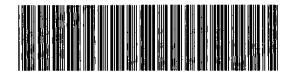
P10000055194

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

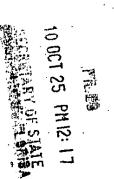
Office Use Only



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Amens





September 7, 2010

JENNIFER P. ROSARIO MRS PAELLA, INC. 15476 NW 77 CT #140 MIAMI LAKES, FL 33016

SUBJECT: MRS PAELLA, INC. Ref. Number: P10000055194

We have received your document for MRS PAELLA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed 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.

Registered agent is not an acceptable signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 210A00021262

COVER LETTER

TO: Amendment Sec Division of Corp		•		
NAME OF CORPO	RATION: MYS.	Rellatine		
DOCUMENT NUM	BER: P400000	55194		
The enclosed Articles	s of Amendment and fee are	submitted for filing.	·	
Please return all corre	espondence concerning this n	natter to the following:		
_	Jemiler P.	Prosouid	Magazan waxa kalingiininga waxa	
	Nami	e of Contact Person		
_	Mrs. Hael	la, Inc		
	,	Firm/ Company		
_1	5476 NW T	7C+ #140		
	Address			
ا.	Yiami Lakes, F	L 33016 State and Zip Code		
	Cny/	State and Zip Code		
E-mail address: (to be used for future annual report notification)				
For further informati	on concerning this matter, ple	ease call:		
Jennifer Name of	Poscilo Contact Person	at (305) 741-1 Area Code & Daytime Tele	129 Ephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
S35 Filling Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fec & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Add	ress	Street Address		

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	M	
10 (CT 25	Dia.
	EARY START	F# 12: 17 GF SAME
		11/33

Mrs. Dnella, Ir	7 <u>C</u> .		THE STATE OF
(Name of Corporation as curre	ently filed with the Florid	Dept. of State)	
P1 000055194	1		
(Document Num	nber of Corporation (if kno	wn)	
Pursuant to the provisions of section 607.1006 imendment(s) to its Articles of Incorporation:	6, Florida Statutes, this Fi	orida Profit Corporation ad	opts the following
A. If amending name, enter the new name of	f the corporation:	•	
		·	The new
name must be distinguishable and contain in abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	designation "Corp," "Inc	" or "Co". A professional	'ed" or the corporation
B. <u>Enter new principal office address, if app</u> Principal office address <u>MUST BE A STREE</u>			_
.		<u> </u>	
			<u> </u>
C. Enter new mailing address, if applicable	* *		
(Mailing address MAY BE A POST OFFIC	CE BOX)		
	. <u></u>		<u>.</u>
		,	·
D. If amending the registered agent and/or r		Florida, enter the name of	the
new registered agent and/or the new regis	stered office address:	•	
Name of New Registered Agent:			
New Registered Office Address:	(Florida street a	ddress)	•
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing the hereby accept the appointment as registered a		nd accept the obligations of ti	he position.
<u>-</u> s	lignature 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)

Title	Name Francisco.A Duran	Address 17235 NW 71 Place Higmi, FL 3305	Type of Action Add Remove
Ps	Janoifer P. Dosour	15476 NW TIC+ #140 Miami LAKES, FL 3301	
			☐ Add ☐ Remove
E. If amend (attach ad	ing or adding additional Articles, enter c ditional sheets, if necessary). (Be specific	hange(s) here:	
			
<u>provisio</u>	endment provides for an exchange, reclanded for implementing the amendment if post applicable, indicate N/A)	sxification, or cancellation of issue of contained in the amendment is	ued shares, aeif:
	·	: :	
	·		

The date of each amendment	(s) adoption:	10/20/	0
	(a) Moophon:(date of adoption	tion is required)	
Effective date if applicable:	•		
	(no more than 90 days after ame	endment file date)	
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. There sufficient for approval.	he number of votes	cast for the amendment(s)
	re approved by the shareholders to d for each voting group entitled to		
"The number of votes	cast for the amendment(s) was/we	ere sufficient for ap	proval
by		."	
-, <u>-, -, -, -, -, -, -, -, -, -, -, -, -, -</u>	(voting group)	·	
action was not required.	re adopted by the board of directors we adopted by the incorporators we		
Dated Signature (By scle	a director, president or other officeted, by an incorporator life in the ointed fiduciary by that fiduciary	e hands of a receive	
	TRANCISCO (Typed or printed no		ng)