P10000055686

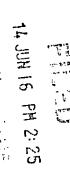
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	,
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JUN 2 7 2014 C. CARROTHEMS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ANGELIT DOCUMENT NUMBER: P100000550		, INC.
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
ANGEL PERE	-	
ANGELITO'S E		
8310 FLOWER		E
TAMPA, FL 33	Address 615	
	City/ State and Zip Cod	е
E-mail address: (to be us	sed for future annual report	notification)
ANGEL PEREZ	at /813	882-0764
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$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 Tallahassee, FL 32314	Amend Division Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301

* ***

Articles of Amendment Articles of Incorporation

FILES 14 JUN 16 PM 2: 26

ANGELITO'S BAKERY, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

nt(s) to

P10000055686		Miral Arthur	·
(Docume	nt Number of Corporation (if know	vn) •	*,
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this <i>Florid</i>	da Profit Corporation adopts the following	g amendn
A. If amending name, enter the new n	ame of the corporation:		
	,		The ne
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "Co".	company," or "incorporated" or the ab A professional corporation name must co	breviatio
3. Enter new principal office address,	if applicable:		
Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if appl	icable:		
(Mailing address <u>MAY BE A POST</u>			
		, , , <u>, , , , , , , , , , , , , , , , </u>	
	THE STATE OF THE S		
. If amending the registered agent ar	nd/or registered office address in	Florida, enter the name of the	
new registered agent and/or the ne			
Name of New Registered Agent	torres benet, p.a.		
	5308 Van Dyke I	 Rd	
	(Florida street add		
New Registered Office Address:	Lutz	33558	
<u>New Registered Office Address:</u>	(City)	, Florida 33558 (Zip Code)	
	(4)	(-4 ++++)	
New Registered Agent's Signature, if c	hanging Registered Agent:		
hereby accept the appointment as regis	tered agent. I am familiar with an	nd accept the obligations of the position.	
	Man II.		
Si	gnary 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)

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.

X Change	<u>PT</u> <u>Jo</u>	hn Doe	
X Remove	<u>v</u> <u>m</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	TOMASA PEREZ	8310 FLOWERFIELD DR.
Add			TAMPA, FL 33615
Remove			
2) Change	VP	LUIS PEREZ	5812 LAKESIDE DRIVE
Add			LUTZ, FL 33558
Remove			
3) Change	T	ANGEL PEREZ	8310 FLOWERFIELD DR.
Add			TAMPA, FL 33615
Remove			
4) Change	<u>s</u>	LUIS PEREZ	5812 LAKESIDE DRIVE
Add			LUTZ, FL 33558
Remove			
5) Change			
Add			
Remove			
Kemove			
6) Change			
Add			
Remove			

(Attac	nending or adding a th additional sheets,	aditional Arti if necessary).	cies, enter chans (Be specific)	<u>ge(s) here</u> :		
		<u>.</u>				
. <u>-</u> .				180		
					 	
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						,
prov	amendment provid visions for impleme (if not applicable, in	nting the amer	ange, reclassific adment if not co	ation, or cance ntained in the	llation of issued amendment itse	l shares, lf:
		····				
						<u>.</u>
					·	· · · · · · · · · · · · · · · · · · ·
					-	

The date of each amendment		, if other than the
date this document was signed Effective date if applicable:	06/13/2014	
Enective date it applicable:	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement and for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated 6/13	august 20	
(B se	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	ANGEL PEREZ	
	(Typed or printed name of person signing)	_
	PRESIDENT	_
	(Title of person signing)	

14 JUN 16 PH 2: 26