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Amena 10-11-14

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: GIBSON'S	GOURMET IMP	ORT CORP	
DOCUMENT NUMBER: P10000080049				
The enclosed Articles of	f Amendment and fee are sub	omitted for filing.		
Please return all corresp	ondence concerning this mat	ter to the following:		
•	SONIA GIBSON			
_	Name of Contact Person GIBSON'S GOURMET IMPORT CORP			
<u>-</u>	31000140 0001		301 (I	
	17105 NORTH B	Firm/ Company AY RD APT 611		
-		Address		
<u>;</u>	SUNNY ISLES BI			
		City/ State and Zip Code	;	
EDN	MEJIA@TBSTAX	NET	1.5	
	E-mail address: (to be us	ed for future annual report	notification)	
For further information	concerning this matter, pleas	e call:		
EDWARD ME	JIA	_{at (} 305	, 406-2829	
Name of	Contact Person		de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department 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)	
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301	

Articles of Amendment to Articles of Incorporation

GIBSON'S GOURMET IMPORT CORP

• • • • • • • • • • • • • • • • • • • •	Florida Dept. of State)	
P10000080049	if known)	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	Florida Profit Corporation adopts the following ar	
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporatio	Th	
corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or corporation "Corp," "Inc," or corporation "Corp," "Inc," or corporation "Corp," "professional association," or the abbreviation "	'Co". A professional corporation name must con-	
B. Enter new principal office address, if applicable:	17105 NORTH BAY RD APT 611	
Principal office address MUST BE A STREET ADDRESS)	SUNNY ISLES BEACH FL 33160	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	17105 NORTH BAY RD APT 611	
<u> </u>	SUNNY ISLES BEACH FL 33160	
If amending the registered agent and/or registered office add	ress in Florida, enter the name of the	
new registered agent and/or the new registered office address	<u>s:</u>	
Name of New Registered Agent		
 	reet address)	
(Florida st		
(Florida sti New Registered Office Address: (City,	, Florida(Zip Code)	

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address 17105 NORTH BAY RD AP SUNNY ISLES BEACH FL
1) Change			17105 NORTH BAY RD AP
Add			SUNNY ISLES BEACH FL
Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares.
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
 	

The date of each amendment(s) adoption: AUG 11, 2014	, if other than the
date this document was signed. Effective date if applicable: AUG 11, 2014	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 09/1/1/14	
Signature (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)	
	<u>.</u>
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Pressident/owner.	
(Title of person signing)	