P11000014026

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COVER LETTER

TO: Amendment Section Division of Corporations

		ATIN BAKERY,					
DOCUMENT NUMBER: P11000014026							
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all corre	espondence concerning this ma	atter to the following:					
	RAFAEL V ACO	STA					
		Name of Contact Person					
	CHIKA'S LATIN BAKERY, CORP						
		Firm/ Company					
	3553 W 76TH ST	TREET #6					
		Address					
	HIALEAH, FLOF	RIDA 33018					
		City/ State and Zip Code	•				
-	E-mail address: (to be u	sed for future annual report	notification)				
	••						
For further information	on concerning this matter, plea	se call:					
RAFAEL V.	A 000TA						
	ACOSTA	_{at (} 305	, 828-8122				
Name	of Contact Person	at (305	828-8122 de & Daytime Telephone Number				
		Area Coo	de & Daytime Telephone Number				
	of Contact Person	Area Coo	de & Daytime Telephone Number				
Enclosed is a check f ☐ \$35 Filing Fee Ms	of Contact Person or the following amount made \$43.75 Filing Fee & Certificate of Status	Area Coopayable to the Florida Depa \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) Street	de & Daytime Telephone Number rtment of State: \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Enclosed is a check f	of Contact Person or the following amount made \$43.75 Filing Fee & Certificate of Status willing Address mendment Section	Area Coopayable to the Florida Depa \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) Street Amenda	de & Daytime Telephone Number rtment of State: \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) Address ment Section				
Enclosed is a check f	of Contact Person or the following amount made \$43.75 Filing Fee & Certificate of Status tiling Address nendment Section vision of Corporations	Area Coopayable to the Florida Depa \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) Street Amenda Division	de & Daytime Telephone Number rtment of State: \$\instyle \\$52.50 \text{ Filing Fee} \text{ Certificate of Status} \text{ Certified Copy} \text{ (Additional Copy} \text{ is enclosed)} \$\frac{Address}{ment Section} \text{ no f Corporations}				
Enclosed is a check f	of Contact Person or the following amount made \$43.75 Filing Fee & Certificate of Status willing Address mendment Section	Area Coopayable to the Florida Depa \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) Street Amendication Division Clifton	de & Daytime Telephone Number rtment of State: \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) Address ment Section				
Enclosed is a check f	of Contact Person or the following amount made \$43.75 Filing Fee & Certificate of Status tiling Address tendment Section vision of Corporations D. Box 6327	Area Coo payable to the Florida Depa \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) Street A Amendi Division Clifton 2661 E: Tallaha	de & Daytime Telephone Number rtment of State: \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) Address ment Section n of Corporations Building				

Articles of Amendment to Articles of Incorporation of

to

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(Name of Corporation as P11000014026	s currently filed with the Flo	rida Dept. of State)		
(Documen	nt Number of Corporation (if b	nownj		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Fi	orida Profit Corpord	ation adopts the following	amendment(s)
A. If amending name, enter the new na	me of the corporation:			
NON APPLICABLE				The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co	o". A professional o	incorporated" or the abl	breviation
B. Enter new principal office address, (Principal office address MUST BE A S			<u>.</u>	
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u>	OFFICE BOX)			
D. If amending the registered agent an new registered agent and/or the new		s in Florida, enter t	he name of the	
Name of New Registered Agent	DAMIANA A. GU	TIERREZ		
	3553 W 76TH ST	⁻ #6		
	(Florida stree	address)		
New Registered Office Address:	HIALEAH	. I	_{Florida} 33018	
	(City)		(Zip Code)	
New Registered Agent's Signature, if cl I hereby accept the appointment as regist Signature.			igations of the position.	

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>	<u>Addres</u> s
1) Change	Р	DAYANA M. MACHIN	3553 W 76TH ST # 6
Add			HIALEAH, FL 33018
Remove			
2) Change	Р	RAFAEL V. ACOSTA	3553 W 76TH ST # 6
Add			HIALEAH, FL 33018
Remove			
3) Change	VP	DAMIANA A. GUTIERREZ	3553 W 76TH ST # 6
Add			HIALEAH, FL 33018
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional A (Attach additional sheets, if necessar	articles, enter change(s) here: y). (Be specific)	
CORRECT EIN# 27-4876551		
IRS DOCUMENTATION ENC	LOSED	
 		
F. If an amendment provides for an e provisions for implementing the a (if not applicable, indicate N/A	mendment if not contained in)	the amendment itself:
- , 	SS# · 50	
DAMIANA A. GUTIERREZ -	SS# 50	<u> </u>
•		

The date of each amendment(s) adoption: FEBRUARY 24, 2014	, if other than the
date this document was signed.	 ,
Effective date if applicable: FEBRUARY 24, 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	
Signature See See See See See See See See See S	
(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)	
DAMIANA A. GUTIERREZ	
(Typed or printed name of person signing)	_
VICE PRESIDENT	
(Title of person signing)	_





Department of the Treasury Internal Revenue Service Ogden, UT 84201 In reply refer to: Jan 08, 2014 27-4876551 0459556408 LTR 147C

CHIKAS LATIN BAKERY CORP 3553 W 76TH ST 6 AND 7 HIALEAH FL 33018-0000 000

Taxpayer Identification Number: 27-4876551

Form(s):

Dear Taxpayer:

This letter is in response to your telephone inquiry of January 8th, 2014.

Your Employer Identification Number (EIN) is 27-4876551. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence documents.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 7:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

David Kuo 1000247530 Customer Service Representative