Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please

Email	Address:			

COR AMND/RESTATE/CORRECT OR O/D RESIGN DISTRIBUIDORA PERROTTA CA, CORP

Certificate of Status	1 17117 33127 1	0
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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPORATION: D	STRIBUIDORA PE	RROTTA C	<u>A, CO</u>	RP	
DOCUMENT NUMBER: P1100	0044458	·	<u> </u>		
The enclosed Articles of Amendme	nt and fee are submitted for	r filing.			
Please return all correspondence co	ncerning this matter to the	following:			
JOSE NAE					
<u> </u>	Name of Contact Person			_	
ACCOUNTANT	& MANAGEMENT				
	Firm/ Company			-	
1549 NE 123RE	ST				
	Address				
NORTH MIAMI	FL 33161				
110111111111111111111111111111111111111	City/ State and Zip Code				
	TIONSBYACCOUNT ess: (to be used for future annual this matter, please call:			_	
JOSE NAE	at (305	<u>541-398</u>	30		
Name of Contact Person	Area	Area Code & Daytime Telephone Number			
Enclosed is a check for the following	ng amount made payable to	the Florida Dep	artment	of State:	
▼ \$35 Filing Fee	f Status Certified	l Copy nal copy is	C; ; ; (A	2.50 Filing Pee ertificate of Status ertified Copy additional Copy s enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division o Clifton Bo 2661 Exec	ent Section of Corporations	ircle		

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Articles of Amendment to Articles of Incorporation of
DISTRIBUIDORA PERROTTA CA, CORP
(Name of Corporation as currently filed with the Florida Dept. of State)
P11000044458
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation and opts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: 9737 NW 41ST ST STE 528
(Principal office address MUST BE A STREET ADDRESS) DORAL FL 33178
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) DORAL FL 33178
The Towns and the application of source and for a project and office and during in Florida, such as the many of the
Name of New Registered Agent: ARNOLDO E ROMERO
9737 NW 41ST ST STE 528
New Registered Office Address: (Florida street address)
DORAL Bloods 33178
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent—I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing
DORAL FL 33178 ARNOLDO E ROMERO 9737 NW 41ST ST STE 528 New Registered Office Address: (Florida street address) DORAL Florida 33178 (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent—I am familiar with and accept the obligations of the position.

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	If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as vo now want the record-to-be. Please indicate the title(s), name and address for each officer/director.					
•	(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)					
	Title(s)	Name	<u>Addr</u>	C81		
Add	1 <u>)P</u>	ARNOLDO E ROMERO		ST STE 528		
			DORAL FL 93178			
	2)					
•				<u></u>		
	3)					
	4)					
	5)					
	6 <u> </u>					
	If REMOVING an or	fficer and/or director, please l	ist the title(s) and nam	ne of the officer/director to be		
	Title(s)	Name	Title(s)	<u>Name</u>		
Delate	1) <u>P</u>	MONICA ROMERO	4)			
Delote	2) <u>VP</u>	ARNOLDO E ROMERO	5)			

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attach addition	al sheets, if neces	ssary). (Be	specific)			
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The date of each amendment(s	s) adoption: NOVEMBER 9, 2011
Effective date if applicable:	(date of adoption - required)
Effective date (<u>gappineaure</u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/wer	e adopted by the shareholders. The number of votes cast for the amendment(s) to sufficient for approval,
The amendment(s) was/were must be separately provided	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	ast for the amendment(s) was/were sufficient for approval
by	,n
(voting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated 11/9	/2011
Signature 7	Daniea Komers.
selec	Valirector, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	MONICA ROMERO
	(Typed or printed name of person signing)
,	PRESIDENT
•	(Title of person signing)

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