## P11000054124

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SECRETARY OF STATE OF CORPORATION OF CORPORATION



## **COVER LETTER**

Division of Corporation	s		
NAME OF CORPORATION	on: Crab	mart 1	ue
DOCUMENT NUMBER:	P110	000 541	24
The enclosed Articles of Am	endment and fee are sub	omitted for filing.	
Please return all corresponde	ance concerning this mat	Name of Contact Person Firm/ Company SW 2/5 +6	Errace
E	Crabmar Crabmar i-mail address: (to be use	Address  - Buy In  City/ State and Zip Code  - 1440 a H  ed for future annual report r	. net
For further information conc	eming this matter, pleas	e call;	
Julla V Name of Con	az GUEZ tackerson	at ( <u>P&amp; 6</u> Area Cod	be & Daytime Telephone Number
Enclosed is a check for the fo	ollowing amount made p	payable to the Florida Depar	rtment of State:
\$35 Filing Fee	343.75 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)
Mailing A Amendmen			Address ment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to
Articles of Incorporation

Orahmant Lu	A
(Name of Corporation as currently filed with the F	Florida Dept. of State)
P <b>U</b> 0000 5	4124
(Document Number of Corporation (	if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation	The new on," "company," or "incorporated" or the abbreviation
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or 'word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address, if applicable:	14335 SW 120ST
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Miani, 77 33186
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10 BOX 565254
	May F1 33256
D. If amending the registered agent and/or registered office add	vess in Claude, and with a new of the
new registered agent and/or the new registered office address	ress in Florida, enter the name of the
Name of New Registered Agent Jala	Jazquez de se
9036 Sw Z	reet address)
New Registered Office Address: (U.H.C.)	B214 Florida 33/89 2 78
(Cny)	Zip Code) F 90
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 Ragisters of	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.

<u>X</u> Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)  1) Change Add Remove	Trasvier Rebiea lopuz  5V	Address 76205W 1645 T  Mianni Fr 1888
2) Change		
Remove 3) Change		
Add Remove	- -	
4) Change Add Remove		
5) Change		
Change Add		
Remove		

If amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)
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	· ·
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
or implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	, ii other man me
Effective date if applicable:	
(no more han 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	
(By a director, posident ordiner officer - if directors or officers have not been	<del></del>
selected, by an incorporator if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Juela Vaz gues	<del></del>
((Typed or printed name of person signing)	
	<u> </u>
(Title of person signing)	