

P11000067871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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☐

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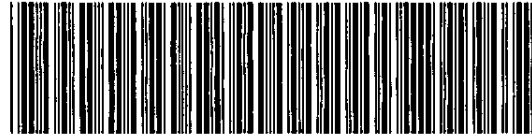
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
AUG 12 2013  
EXAMINER

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: DELICIAS SUPERMARKET CORP.

DOCUMENT NUMBER: P11000067871

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bone Z. Schefflin (Schefflin Law Group P.A.)

Name of Contact Person

DELICIAS SUPERMARKET CORP.

Firm/ Company

1350 EAST 4TH AVENUE

Address

HIALEAH, FL. 33010

City/ State and Zip Code

GASMIAMI@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bone Z. Schefflin, ESQ.

Name of Contact Person

at 954 862-2262

Area Code & 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

enclosed)

☒ \$43.75 Filing Fee &  
Certified Copy

(Additional copy is

(Additional Copy

☐ \$52.50 Filing Fee

Certificate of Status

Certified Copy

is enclosed)

Thank You!!

Mailing Address

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

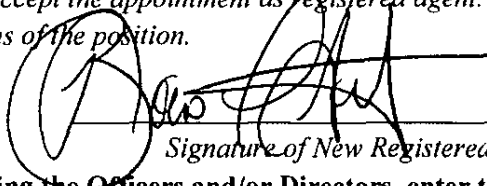
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

13 AUG -8 PM 3:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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*

**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:**

*(Attached 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                      PT                      John Doe

X Remove                      V                      Mike Jones

X Add                      SV                      Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u>X</u> Change ___ Add ___ Remove	<u>VTD</u>	<u>Mario Fumero</u>	<u>1350 East 4<sup>th</sup> Avenue</u> <u>Hialeah, Florida 33010</u>
2) <u>X</u> Change ___ Add ___ Remove	<u>SD</u>	<u>Solangel Fumero</u>	<u>1350 East 4<sup>th</sup> Avenue</u> <u>Hialeah, Florida 33010</u>
3) ___ Change <u>X</u> Add ___ Remove	<u>PD</u>	<u>Cuesta, Leandro</u>	<u>1350 East 4<sup>th</sup> Avenue</u> <u>Hialeah, Florida 33010</u>
4) ___ Change ___ Add ___ Remove	_____	_____	_____

\_\_\_\_\_, if other than the date this document was signed.

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The date of each amendment(s) adoption: \_\_\_\_\_  
\_\_\_\_\_, if other than the date this document was signed.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Effective date if applicable: July 25, 2013  
(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)

- ☒ 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 July 28, 2013

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)

Leandro Cuesta

(Typed or printed name of person signing)

President  
(Title of person signing)