## P11000 (8130)

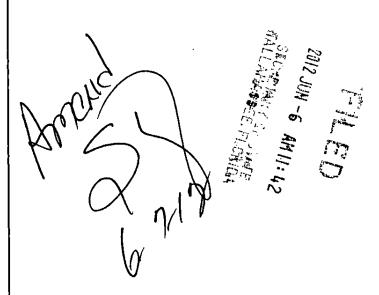
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

NAME OF CORPOR	ATION: <u>Seri</u> ER: P1100006813	na Wholes	ale, Inc.
			AND THE COLUMN TO THE COLUMN T
The enclosed Articles a	of Amendment and fee are su	ibmitted for filing.	
Please return all corresp	pondence concerning this ma	atter to the following:	
	MOU	IRAD NEZLIOUI	
_		Name of Contact Person	1
	Se	erina Wholesale	, Inc.
		Firm/ Company	
-	WARRIED BOOK AND	Address	
	4302 HOLLYWOOD BLVD., STE 344		
_	City/ State and Zip Code		
	HOL	LYWOOD, FL 33	3021
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
		at (	_)
Name o	f Contact Person	Area Co	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
<b>\$35</b> 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)
	ing Address		Address
	ndment Section ion of Corporations		ment Section of Corporations
	Box 6327		Building
Tallal	hassee FL 32314		vecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation of

SERINA WH	IOLESALE, INC.		2017 S.F.
(Name of Corporation as curre	ently filed with the Florida Dept. o	f State)	ے تے ج
P <sup>.</sup>	11000068130		
(Document Num	nber of Corporation (if known)		
ursuant to the provisions of section 607.1006, s Articles of Incorporation:	Florida Statutes, this <i>Florida Profit</i>	Corporation adopts th	e following amendr
. If amending name, enter the new name of	the corporation:		N N
ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation ord "chartered," "professional association,"	"Corp." "Inc." or "Co". A profe.		
Enter new principal office address, if appl Principal office address <u>MUST BE A STREE</u>	licable: TADDRESS )		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			
. If amending the registered agent and/or r new registered agent and/or the new regis		, enter the name of th	<u>e</u>
Name of New Registered Agent			
<del></del>	(Florida street address)	<del></del>	
		, Florida	
New Registered Office Address:	(City)		Code)

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:

(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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add X Remove	VP	AKKAK, MUSTAPHA	4302 HOLLYWOOD BLVD., STE 344 HOLLYWOOD, FL 33021
2) Change Add Remove	VP	VELA ZAMBRANA, ELOY SATURNINO	4302 HOLLYWOOD BLVD., STE 344 HOLLYWOOD, FL 33021
3 ) Change Add Remove	VP	SALAZAR, INGRIT	4302 HOLLYWOOD BLVD., STE 344 HOLLYWOOD, FL 33021
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove	- in the second		

Ε.	If amending or adding additional Arti-	cles, enter change(s) here:
	(attach additional sheets, if necessary).	(Be specific)
_	***************************************	
	The state of the s	
_		
	100000000000000000000000000000000000000	
₹.	If an amendment provides for an exchiprovisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
		THE STATE OF THE S
	(	
_		

The date of each amendment(s) adoption: 06/04/2012		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	ved by the shareholders through voting groups. The following statement sich 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)	
	(voling group)	
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	
Dated	5-04-12	
Signature	etor, 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 if induciary by that fiduciary)	
_	Mograd NEZLioui	
	(Typed or printed name of person signing)	
•••	President	
	(Title of person signing)	