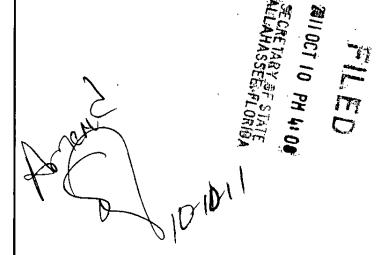


(Re	questor's Name)
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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10/10/11--01012--005 **35.00



· Div of corp

Ref: candles depot usa corp 707 east 9 st Hialeah fl 33010

Attached please find the amended request as follows"

Change sonia batista from president to secretary and add Eufemia M Olivera as president

Thank you,

Sonia Batista secretary

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:

CANOLES Depait USA long.

DOCUMENT NUMBER:

Please return all correspondence concerning this matter to the following:

For further information concerning this matter, please call:

Name of Contact Person 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

- \$\sqrt{\$\\$\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- ☐ \$52.50 Filing Fee
 Certificate of Status
 Certified Copy
 (Additional Copy is enclosed)

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

Articles of Amendment to Articles of Incorporation

	0000830			_	N.
(Document Nur	nber of Corporation	ı (if known)		7	57
nt to the provisions of section 607.100 nent(s) to its Articles of Incorporation:	6, Florida Statutes.	this <i>Florida</i>	Profit Corpoi	ration adopts	the fol
mending name, enter the new name o	f the corporation:				
	<u> </u>				he new
nust be distinguishable and contain ation "Corp" "Inc.," or Co" or the aust contain the word "chartered," "pro-	designation "Corp	o, '' "Inc, " or '	Co". A proj	fessional corp	or the oration
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out office address <u>MUST BE A STREE</u>					
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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)

Title	<u>Name</u>	Address	Type of Action
President	SONIA BATS H	707 E. 95+ HORICALI RE 35/10	☐ Add ☐ Remove
Rresident	ENFERIA M.OL: YERA	7.1 2 95+ HEALERH & 33010	☑ Add □ Remove
Secutory	Sou: 4 BAtista	707 Q. 95T H:A/EAN RE33.10	Add Remove
	ng or adding additional Articles, enter itional sheets, if necessary). (Be specif		
		•	
provisions	ndment provides for an exchange, recless for implementing the amendment if napplicable, indicate N/A)		
			1

The date of each amendment(s) adoption	on: <u>9-28-</u> 1/
	(date of adoption is required)
Effective date if applicable: (no more	than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes east for the amendment(s) nt for approval.
	d by the shareholders through voting groups. The following statemen voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the	e amendment(s) was/were sufficient for approval
by(voting gr	.,,
(voting gr	oup)
The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder
Dated 9-	STILL STATE OF THE
selected by ar	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court actions by that fiduciary)
	(Typed or printed name of person signing)
	Title of person signing)