

Florida Department of State
Division of Corporations
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((H12000275786 3)))



H120002757863ABCS

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

Email Address:

asanz@dehmf.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN
LA CUISINE INTERNATIONAL DISTRIBUTORS, INC.

Certificate of Status	0
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Corporate Filing Menu

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2012 NOV 26 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]
11/26/12



November 26, 2012

FLORIDA DEPARTMENT OF STATE

Division of Corporations

LA CUISINE INTERNATIONAL DISTRIBUTORS, INC.
2005 N.W. 115TH AVENUE
MIAMI, FL 33172

SUBJECT: LA CUISINE INTERNATIONAL DISTRIBUTORS, INC.
REF: P12000000896

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please fill in the date of each amendment's adoption at the top of page 4.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

FAX Aud. #: H12000275786
Letter Number: 712A00028096

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12 NOV 26 AM 8:11

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FAX AUDIT NO. H12000275786 3

Articles of Amendment
to
Articles of Incorporation
of

LA CUISINE INTERNATIONAL DISTRIBUTORS

(Name of Corporation as currently filed with the Florida Dept. of State)

P12000000896

(Document Number of Corporation (if known))

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Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts 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:
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address: _____, Florida _____
(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

J

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

[illegible][illegible]

FAX AUDIT NO. H12000275786 3

The date of each amendment(s) adoption: November 20, 2012Effective 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. 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 November 20, 2012Signature _____
(By a director, president or other officers. 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)JOSU GAUBEKA
(Typed or printed name of person signing)PRESIDENT
(Title of person signing)