## P12000014607

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone #	)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	)
(Do	ocument Number)	
Certified Copies	_ Certificates of	f Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

TO: Amendment Section

□\$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)

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 Ame	endment			1
	to Articles of Incor	poration		* . * ~	7
	of	<b>P</b> 0.44.01.			NO NO
FELO PRODUCE	TIONS GA	100P M	VC	<u>2.</u>  	W Z
(Name of Corporation as curren	tly filed with the Flo	rida Dept, of S	tate)		
P120000 14	407			**************************************	PH ED
	er of Corporation (if k	nown)		- 3.5 3.5	<u>:</u>
Pursuant to the provisions of section 607.1006, F its Articles of Incorporation:	lorida Statutes, this FI	orida Profit Co	<i>rporation</i> ad	lopts the followin	ှ ယ g amिndment(s) to
A. If amending name, enter the new name of t	he corporation:				
N/A					The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o	Corp," "Inc," or "Co	o". A professio	or "incorpo onal corpora	rated" or the a	bbreviation
B. Enter new principal office address, if appli-	cable:	116	I NE	98 51	-
(Principal office address MUST BE A STREET		MAIDM	1 616	98 5.1 NES FL	2215 V
			ישונב	us /i	23/34
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E <i>BOX</i> )		NE 9	98 5+ FL 331.	
D. If amending the registered agent and/or renew registered agent and/or the new regist	ered office address:				-
Name of New Registered Agent	Clavera Re	MERD	CUEVA	<b>ડ</b> ,	
//	61 NE 98	ST			
	(Florida stree	address)			
New Registered Office Address:	MIANI SH	bRES	, Florida_	33138	_
	(City)			(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		th and accept th	e obligations	s of the position.	
Signature	of New Registered Ag	ent, 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	<u>Doc</u>	
X Remove	V Mike	Jones	
_X Add	SV Saily	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PT	FELIPE CUEVAS	
Add			MIRMI STRATES FL 33138
Remove			
2)Change	PT	CLAUDIA ROMERO CUEVAS	1161 NE 98 ST
Add			MIAMI SHORES FL 33/38
Remove			
3) Change	<del></del>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

GRICLE	1/1					
		4.13	22.4			
	NAME FELIPE	AND A.	puess	1660	INCOR	20 12
THIONE -	FELIPE	CUEVA				
<del></del>				MIAMI	SHORE	5 FL 3
				-··		<del></del>
70 -	· Clausia	Do 4500	Par			
	· Clarosa	KVKIKI	Aliani	C 1005	s E/ 2	212 2
		<del></del>	MIAMI	DAVICE	3 12 3.	0/50
<del></del>					<del></del>	<del></del>
		<del></del>		·		
		·				
an amendment p	rovides for an exchang	ge, reclassification	, or cancella	tion of issue	d shares,	
provisions for imp	lementing the amendr	ge, reclassification ment if not contain	, or cancella ed in the am	tion of issue endment its	d shares, elf:	
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ne date of each amendment(s) add	option: NOVEMBER 9, 2012
fective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
option of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adop by the shareholders was/were suff	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
The amendment(s) was/were appromust be separately provided for e	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were adop action was not required.	sted by the board of directors without shareholder action and shareholder
The amendment(s) was/were adop action was not required.	eted by the incorporators without shareholder action and shareholder
Dated	19/2012
Signature	laudie Keuw (Or-
selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
	CLANDIA ROMERO CUEVAS
	(Typed or printed name of person signing)
_	PRESIDENT
_	(Title of person signing)