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SECRETARY OF STATE

C. LEWIS

AUG 1 9 2013

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: 800 BARBERA CORP					
DOCUMENT NUMBER: P12000018446					
The enclosed Articles	of Amendment and fee are sub	omitted for filing.			
Please return all corres	pondence concerning this mat	ter to the following:			
	TAMMY PEREZ				
	Name of Contact Person				
	800 BARBERA C	ORP			
		Firm/ Company			
	7005 W 17TH CT				
		Address			
	HIALEAH, FL 330)14			
		City/ State and Zip Code	;		
tam	myp@tabadesa.c	om			
	, ,	ed for future annual report	notification)		
For further information	n concerning this matter, pleas	e call:			
TAMMY PEF	REZ	at (786	, 541-8043		
Name	of Contact Person		de & 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	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
<u>Mai</u>	ling Address		Address		
	endment Section	Amendment Section			
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building					
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle					
			issee, FL 32301		

Articles of Amendment to **Articles of Incorporation** of

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SECRETARY UF STATE
TALLAHASSEE, FLORIDA

800 BARBERA CORP

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

P12000018446

(Document Number of Corporation (if known)

dment(s) to

ame must be distinguishable and contain the w Corp.," "Inc.," or Co.," or the designation "Co ord "chartered," "professional association," or to	orp," "Inc," or "Co". A	pany," or "inco professional corp	rporated" or the abb oration name must co
Enter new principal office address, if applical rincipal office address <u>MUST BE A STREET AN</u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I			
		orida, enter the	name of the
If amending the registered agent and/or regis new registered agent and/or the new registered		orida, enter the i	name of the
		orida, enter the I	name of the
new registered agent and/or the new register			name of the
new registered agent and/or the new register Name of New Registered Agent	ed office address:		ida
	ed office address:	s)	
new registered agent and/or the new register Name of New Registered Agent	ed office address: (Florida street addres	s)	ida

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Р	RAQUEL ZAMORA	7005 W 17TH CT
X Add			HIALEAH, FL 33014
Remove			
2) Change	VP	SUSANA ZAMORA	7005 W 17TH CT
X Add			HIALEAH, FL 33014
Remove			
3) Change	P	FUNDACION JOSULARA	7005 W 17TH CT
Add			HIALEAH, FL 33014
X Remove			
4) Change			
Add			
Remove			
5) Change	·		
Add			
Remove			·
6) Change			
Add			
Remove			

ttach <i>additio</i>	or adding addit onal sheets, if ne	ecessary).	(Be specific)				
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f an amendn	nent provides f	<u>for an excha</u>	ange, reclass	ification, or c	ancellation of	of issued shar	es.
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The date of each amendment	(s) adoption: 08/10/2013	FILED, if other than the
date this document was signed Effective date if applicable:	•	IA NIC
Effective date in applicable.	(no more than 90 days after ame	ndmentale Edit IARY OF STATE AHASSEE, FLORIDA
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes ere sufficient for approval.	s cast for the amendment(s)
	re approved by the shareholders through voting ground for each voting group entitled to vote separately of	
"The number of votes	s cast for the amendment(s) was/were sufficient for a	pproval
by		·*·
	(voting group)	
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareho	lder action and shareholder
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder	action and shareholder
Dated_08	/10/2013	
(E	By a director, president or other officer – if directors elected by an incorporator – if in the hands of a rece	
	properties my an incorporator — If in the hands of a rece	ryer, trustee, or other court
	✓ Jose Oliva	
	(Typed or printed name of p	person signing)
	Director	<u> </u>
	(Title of person sign	ning)