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(Requ	uestor's Name)	
(Addi	ress)	
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(City/	State/Zip/Phon	e #)
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Special Instructions to Fi	lling Officer:	

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: 800 BARBE	ERA CORP	
DOCUMENT NUMBER: P1200001844	6	
The enclosed Articles of Amendment and fee are su		
Please return all correspondence concerning this man	tter to the following:	
THAMARA PERE	ΞZ	
	Name of Contact Person	n
TABADESA ASS	OCIATES	
	Firm/ Company	
419 W 49TH ST 3	SUITE 111	
· ·	Address	
HIALEAH, FL 330	012	
	City/ State and Zip Cod	e
TAMMYP@TABADE	SA.COM	
_	sed for future annual report	notification)
For further information concerning this matter, pleas	e call:	
THAMARA PEREZ	_{at (} 305	, 558-0622
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depo	artment of State:
■ \$35 Filing Fee	□\$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	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Articles of Amendment to Articles of Incorporation of

800 BARBERA CORP

OUU BARBERA CURP		-
(Name of Corporation as currently filed with the Florid P12000018446	ia Dept. of State)	
(Document Number of Corporation (if kno	own)	-
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Flor</i> its Articles of Incorporation:		g amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co", word "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must of	bbreviation
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)	 	-
	:• <u>;,</u>	19 C
D. If amending the registered agent and/or registered office address i	in Florida, enter the name of the	
new registered agent and/or the new registered office address:		55 -
Name of New Registered Agent		FF 3:
(Florida street a	ddress)	# 0£
New Registered Office Address:	: Florida	
New Registered Office Address: (City)	(Zip Code)	•
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar with a		

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: \underline{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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	RAQUEL OLIVA-ZAMORA	419 W 49 ST
Add			SUITE 111
Remove			HIALEAH, FL 33012
2) Change	VP	SUSANA OLIVA-ZAMORA	419 W 49 ST
Add		-	SUITE 111
Remove			HIALEAH, FL 33012
3) Change	Р	JOSE OLIVA GARCIA	419 W 49 ST
√ Add			SUITE 111
Remove			HIALEAH, FL 33012
4) Change			19 OCT 15
Remove 5) Change Add			3: 0 5: 0 5: 0
Remove 6) Change			
Add Remove			

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Attach additional sheets, if necessary). (Be specific)	
	
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f an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	*
(if not applicable, indicate N/A)	*
(if not applicable, indicate N/A)	*
(if not applicable, indicate N/A)	*
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	*
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	

 $\sigma_{\rm sp} = 2 \sigma_{\rm sp} = 10^{-3}$

The date of each amendment(s) addate this document was signed.	option:	_, if other than the
Effective date <u>if applicable</u> :		
in approxime.	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adoptaction was not required.	oted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adoptaction was not required.	nted by the incorporators without shareholder action and shareholder	
Dated_10/7/201	9	
Signature	ude Cece	_
selected	rector, 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 ed fiduciary by that fiduciary)	
	JOSE OLIVA GARCIA	
-	(Typed or printed name of person signing)	_
I	PRESIDENT	
-	(Title of person signing)	_
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