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JUL 0 9 2014

C. CARROTHERS

COVER LETTER

Division of Corpo	rations			
NAME OF CORPOR	ATION: BEST	PACKERS MER	TA FISH PRODUCE	INC
DOCUMENT NUMB	ER: 1200	200 28590		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this mat	iter to the following:		
_	HICHA	ARD (fumi	NA	
	· 	Name of Contact Person	n	
	TAX	DOLUTIONS	Ivc.	
		Firm/Company		
_		931 PARK A	DENUE	
-	WEST P	ACM BEACH	FL 33403	
		City/ State and Zip Cod	<i>t</i>	
	E-mail address: (to be us	ed for future annual report	about both com	
For further information	concerning this matter, pleas	e call:		
- hicHMRD	GUMINA	at (260-6513	_
Name o	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment 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)	

Mailing Address

TO: Amendment Section

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

Α	rticles of Amendment	
Ar	to ticles of Incorporation	
BEST PACKERS M	ear Fish & I with the Florida Dept. of S	Ro Dut 23 101 3: 11
(Document Number of Co	0 28590	and a second to be a second to the second to
Pursuant to the provisions of section 607.1006, Florida Florida Florida Florida Florida Florida	•	orporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	oration:	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abo	"Inc," or "Co". A professi	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	310 FE	DERAL GliBHWAY ARK, FC 33403
D. <u>If amending the registered agent and/or registered</u>	office address in Florida, e	nter the name of the
Name of New Registered Agent 336	BER AWTHO COLF VIEW (Florida street address)	KOAD
New Registered Office Address: NORTH	PALM SEACH (City)	, Florida <u>33 408</u> (Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent I a		he obligations of the position.
Signature of New	Registered Agent, if changin	g

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 Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change Add	PS CUMERMA CARLOS	310 FEDERAL HIGHWAY LAKE PARK, FC 33403
Remove 2) Change Add	VPT CUMERMA MARIA	310 FEDGRAL NIGHWAY LAKE PARK, FL 38403
Remove 3) Change Add Remove	P HABER, ANTHONY	310 FEDERAL DIGHWAY LAKE PARK, FL 33407
4) Change Add Remove		
5) Change Add Remove		
6) Change Add Remove		
I I Kemove		

	y). (Be specific)
	
	<u></u>
f an amendment provides for an e	xchange, reclassification, or cancellation of issued shares,
provisions for implementing the a	mendment if not contained in the amendment itself:
f an amendment provides for an eprovisions for implementing the a	mendment if not contained in the amendment itself:
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• • • • • • • • • • • • • • • • • • • •	, if other than the
date this document was signed.	
Effective date if applicable: UNE 9 2014	<u>.</u>
(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"	
by" (voting group)	
Ji he 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 JUNE / 2014	
Dated Control of the	
Signature Maria, Cumeria	-
(By a director , preside nt or other officer – 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)	
MARIA CUMERMA	_
(Typed or printed name of person signing)	
VICE PRESIDENT / TREASURER	
(Title of person signing)	-