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FLORIDA DEPARTMENT OF STATE
Division of Corporations
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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
BAKERY CREATIONS AT COLLIER, INC**

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August 31, 2012

FLORIDA DEPARTMENT OF STATE

BAKERY CREATIONS AT COLLIER, INC Division of Corporations
6878 WEST FLAGLER ST
MIAMI, FL 33144

SUBJECT: BAKERY CREATIONS AT COLLIER, INC
REF: P12000054504

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 check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Teresa Brown
Regulatory Specialist II

FAX Aud. #: H12000216650
Letter Number: 312A00022228

RECEIVED

12 AUG 31 AM 8:47

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

H12000216650

Articles of Amendment
to
Articles of Incorporation
BAKERY CREATIONS AT COLLIER, INC

P12000054504 Corporation as currently filed with the Florida Dept. of State

(Document Number of Corporation (if known))

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."

2055 SW 122 AVE #218

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

MIAMI

FLORIDA 33174

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 GUSTAVO A GUTIERREZ2055 SW 122 AVE #218

(Florida street address)

New Registered Office Address: MIAMI

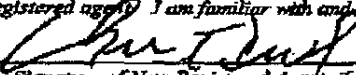
(City)

Florida 33174

(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

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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:

☒ Change PT John Doe
☐ Remove V Mike Jones
☐ Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

1) ☐ Change	P	CONDIS, ANA M	6878 W FLAGLER ST MIAMI FLORIDA 33144
X ☐ Add			
☐ Remove			
2) ☐ Change	P	GUTIERREZ, GUSTAVO A	2055 SW 122 AVE # 218 MIAMI FLORIDA 33174
X ☐ Add			
☐ Remove			
3) ☐ Change			
☐ Add			
☐ Remove			
4) ☐ Change			
☐ Add			
☐ Remove			
5) ☐ Change			
☐ Add			
☐ Remove			
6) ☐ Change			
☐ Add			
☐ Remove			

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

F. If 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)

H 1 2 0 0 0 2 1 6 6 5 0

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AUGUST 01, 2012

The date of each amendment(s) adopted AUGUST 01, 2012

Effective 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.

AUGUST 29, 2012

Date(s)

Signature

(By a director, president 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)

GUSTAVO A GUTIERREZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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