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OCT 13 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: HECHA CORPOR	RATION	
DOCUMENT NUMBE			
	*Amendment and fee are su	bmitted for filing.	
Please return all correspondent	ondence concerning this ma	tter to the following:	
		HENRY CHAVARRO	
_		Name of Contact Person	1
	HE	CHA CORPORATION	
_		Firm/ Company	
	3321 1	NW 106TH STREET	
_		Address	
		MIAMI, FL 33145	
_		City/ State and Zip Cod	e
		HCHVR4@AOL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information of	concerning this matter, pleas	se call:	
HENRY CHAVARRO		at (8656530
Name of	Contact Person	Area Co)de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Depa	urtment 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		· · · · · · · · · · · · · · · · · · ·	Address
	lment Section		ment Section
	on of Corporations		on of Corporations
	ox 6327		Building vecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

HECHA COI	RPORATION				
(Name of Corporat	ion as currently filed with	the Florida Dept. of State)			_
P1200	0104302			•	
(Docu	ment Number of Corporation	(if known)			_
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	la Statutes, this <i>Florida Prof</i>	it Corporation adopts the fol	lowing amer	ndment(s)	to
A. If amending name, enter the new name of the c	orporation:				
			The	new	
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	p," "Inc," or "Co". A pro a abbreviation "P.A."	ny," or "incorporated" or fessional corporation name	the abbrevio	ation	•
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD			- <u> </u>	-	l Marc's
(Timesput Office address MOST DETISTREET NO			(%)		-
			HO	=	
				_ <u>=</u>	Ŷ.
C. Enter new mailing address, if applicable:	33Z)			: 27	
(Mailing address <u>MAY BE A POST OFFICE Bo</u>	<u></u>		***		
D. If amending the registered agent and/or registered new registered agent and/or the new registered		la, enter the name of the			
Name of New Registered Agent					
	(Florida street address)				
New Projectored Office Address		. Florida			
New Registered Office Address:	(City)	, riolida	(Zip Code)	_	
•					
New Registered Agent's Signature, if changing Re					
I hereby accept the appointment as registered agent.	I am familiar with and acce	pt the obligations of the posi	tion.		
Cia	nature of New Registered Ag	ent if changing		•	
Sigi	iai ai e oj ivew negistered Ag	em, y 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	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	VP	HENRY CHAVARRRO	3321 NW 106TH STREET
Add			MIAMI, FL 33145
Remove			
2) Change	P	CARLOS M GARCIA HIDALGO	9631 E 47TH STREET
X Add			HIALEAH, FL 33013
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional (Attach additional sheets, if necessary)	ry). (Be specific)			
NONE				
	 			
				
				<u> </u>
				·
				
			· · · · · · · · · · · · · · · · · · ·	
 If an amendment provides for an provisions for implementing the 	exchange, reclassificate amendment if not cont	ion, or cancellation of ained in the amendmo	ent itself:	
(if not applicable, indicate N	'A)			
NONE				

	10/01/2015		
The date of each amendment(s) date this document was signed.	adoption:	, if o	ther than th
	/01/2015		
Effective date if applicable:	(no more than 90 da	sys after amendment file date)	
Note: If the date inserted in this document's effective date on the I		e statutory filing requirements, this date will not be	listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The nur sufficient for approval.	mber of votes cast for the amendment(s)	
	oproved by the shareholders through or each voting group entitled to vote	voting groups. The following statement separately on the amendment(s):	
"The number of votes cas	st for the amendment(s) was/were su	fficient for approval	
by		91	
oy	(voting group)		
☐ The amendment(s) was/were action was not required.	dopted by the board of directors with	nout shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	dopted by the incorporators without	shareholder action and shareholder	
10/01/20 Dated	15/		
Signature	Henry Min	·	
	director, president or other officer -	- if directors or officers have not been	
		nds of a receiver, trustee, or other court	
арроі	nted fiduciary by that fiduciary)		•
	HENRY CHAV	/ARRO	
	(Typed or printed name	e of person signing)	
	PRESIDENT		
	(Title of pe	erson signing)	