## P13000023580

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations NAME OF CORPORATION: LUIS BAKERY INC DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ANA HERNANDEZ Name of Contact Person S. LLANIO BUSINESS SERVICES INC Firm/ Company 1325 SE 47 ST UNIT H Address CAPE CORAL, FL 33904 City/ State and Zip Code s.llaniobusiness@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ANA HERNANDEZ Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$52.50 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

**Mailing Address** 

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

## Articles of Amendment to Articles of Incorporation

	of	<b>鸟</b> ③
	LUIS BAKERY INC	
(Name of Corpo	oration as currently filed with the Florida Dept. of	State) State
	P13000023580	<u> </u>
(De	ocument Number of Corporation (if known)	3
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this Florida Profit Corporation adopts	s the following amendmen
A. If amending name, enter the new name of th	ne corporation:	
		The new
	word "corporation," "company," or "incorporate Porp," "Inc," or "Co". A professional corporation the abbreviation "P.A."	
B. Enter new principal office address, if application (Principal office address MUST BE A STREET.)		<del></del>
	·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u></u>	
5 to 10 do 10 d		6.0
new registered agent and/or the new register	<u>distered office address in Florida, enter the name of ered office address:</u>	<u>r the</u>
Name of New Registered Agent		
Mane of New Negmerea Agent		
	(Florida street address)	
Name Brainstand Office Address	E1.	nrida
New Registered Office Address:	(City)	(Zip Code)
		•
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered Agent: ont. I am familiar with and accept the obligations of a	the position.
	,	•
	Circumstance of Name Province and Assure of the annual	
	Signature of New Registered Agent, if 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 of 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	S	ANA M FONSECA	2501 SW 1 ST
Add			CAPE CORAL, FL 33991
X Remove			
2) Change	s	FRANCISCO L. FONSECA	2708 SANTA BARBARA BLVD
X Add			CAPE CORAL, FL 33991
Remove			
3) Change		-	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove		·	
டை Change		_	
Add			
Remove			

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/4)	Attach <i>additii</i>	or adding additional A onal sheets, if necessary	). (Be specific)	. <u> </u>		
provisions for implementing the amendment if not contained in the amendment itself:			<u>.</u>			······
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						<del>, , , , _ , , , , , , , , , , , , , , ,</del>
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The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	I not be listed as the
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)	
(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.	
07/24/2017 Dated	
D. C.	
Signature Charles	<del></del> _
(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)	
DIANA FONSECA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	<del></del>