P1300025884

Office Use Only



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4/15/13

COVER LETTER

TO: Amendment 5 xion Division of 1 porations		•	
NAME OF COL PRATION: TIQUICIA (CORP	
DOCUMENT MBER: P1300002588	<u>4</u>		
The encl Articles of Amendment and fee are su	bmitted for filing.		
Please ; all correspondence concerning this man	tter to the following:		
JUAN RAMIREZ			
	Name of Contact Person		
ALLAPATTAH AC	CCOUNTANT C	ONSULTANTS	
	Firm/ Company		
2814 N W 17 AVI	=		
	Address		
MIAMI FLORIDA	33142		
	City/ State and Zip Code	•	
JERAMIREZ@BELL	SOUTH NET		
	ed for future annual report	notification)	
T.			
For further information concerning this matter, please	se call:		
JUAN E RAMIREZ	at (305	635-3560	
Nan: / of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made p	payable to the Florida Depa	rrtment 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		Address	
Amendment Section	Amendment Section		
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building		
Tallahassee, FL 32314		xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation FILED

TIQUICIA COMMODITIE			_	PM 3: 28	-
(Name of Corporation as	currently filed with the	IALL	<u>itate</u>)≅ir `i AHASSE	OF STATE E. FLORIDA	
P13000025884					_
(Documen	nt Number of Corporation	(if known)			
Pursuant to the provisions of section 607 ts Articles of Incorporation:	1006, Florida Statutes, th	is <i>Florida Profit C</i> o	orporation	adopts the followin	g amendment(s)
A. If amending name, enter the new na	ame of the corporation:				•
					_The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professi	or "incor _l onal corpo	porated" or the a ration name must	bbreviation contain the
R. Eπter new principal office address.	if annlicable:	5255 N \	5255 N W 29 AVE APT 813		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		MIAMI F	MIAMI FLORIDA 33142		
					-
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		5255 N \	5255 N W 29 AVE APT 813		
(Mauing undress MAT BE A POST OFFICE BOX)		MIAMI F	LORIE	OA 33142	.
D. If amending the registered agent ar	d/or registered office ad		nter the n	ame of the	-
new registered agent and/or the ne			nter the m	anic or the	
Name of New Registered Agent					•
	5255 N W 29	AVE APT 8	13		
	(Florida	street address)		_	
New Registered Office Address:	MIAMI FLORIDA		, Florida 33142		
wew negistered Office Address.	(Ci	ty)	, 1 10110	(Zip Code)	-
New Registered Agent's Signature, if c	hanging Registered Age	nt:			

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 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 Do	<u>oe</u>		
X Remove	<u>v</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
1) Change		_			
Add				,	
Remove					
2) Change					
Add		_		-	
Remove				,	
3) Change					
Add		_		•	
Remove					
4) Change		_	···		
Add					
Remove					
5) Change		_	·		
Add					
Remove					
6) Change		_			
Add					
Remove					

ttach additional sheets, if necessary).	(Be specific)
an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
irovisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s) a	doption: 04/01/2013
Effective date <u>if applicable</u> :	1/01/2013
. appreasie.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	(voting group)
action was not required. The amendment(s) was/were ad	lopted by the board of directors without shareholder action and shareholder
Dated 04/01	Una Borge mann.
selecti	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	ELVIRA I BORGE
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)