## P13000031798

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DIVISION OF CORPORATIONS

C. LEWIS

JUL 1 6 2014

EXAMINER

## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Chazumba Bakery Inc. DOCUMENT NUMBER: P13000031798 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Inocencio Llanos Name of Contact Person Chazumba Bakery Inc. Firm/ Company 1400 ALPINE RD APT 6 CLEARWATER, FL 33755 City/ State and Zip Code info@bnmultiservices.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (727) 657-3666 Area Code & Daytime Telephone Number Inocencio Llanos Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of



Chazumba Bakery Inc.

14 JUN 30 PM 3: 43

(Name of Corporation as currently filed with	the Florida Dept. of State)
P13000031798	
(Document Number of Corpora	ation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporati	ion:
	The new
name must be distinguishable and contain the word "corp "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc., word "chartered," "professional association," or the abbrevia	poration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the ation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
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 new registered agent and/or the new registered office a	
Name of New Registered Agent	
(Flo	orida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	miliar with and accept the obligations of the position.
Signature of New Regis	stered 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 <math>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	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	0	Luis A. Larios-Gonzalez	1400 Alpine Rd Apt 6
Add			Clearwater, FL 33756
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
N N N N N		
an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
(ly not apprecable, material (471)		
<del></del>		

		MILEL SUSSITARY ( SUSSITAR COT	STATE PORATIONS
The date of each amendment(s) adoption:		BINICIUM OF CO.	if other than the
date this document was signed.	0//0//	14 JUN 30	PH 3: 43
Effective date if applicable:	06/26/2014	14 704 20	<del></del>
	(no more than 90 days after amendment	file date)	
Adoption of Amendment(s) (CH	ECK ONE)		
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a		r the amendment(s)	
The amendment(s) was/were approved by the must be separately provided for each voting			
"The number of votes cast for the amer	ndment(s) was/were sufficient for approval		
by		"	
(vot	ing group)		
The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder acti	on and shareholder	
The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action a	nd shareholder	
Dated_06/26/2014			
Signature Inoc	encio Hanos		
(By a director, pres	ident or other officer – if directors or offic orporator – if in the hands of a receiver, tru		
Inocenci	o Lianos		
	(Typed or printed name of person si	gning)	
Presiden			
	(Title of person signing)		