P/300033550)

(Requestor's Name)	
(Address)	400247750214
(Address) (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	05/14/1301024008 **43.75
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	MAY 20
Special Instructions to Filing Officer:	
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COVER LETTER

TO: Amendment Section **Division of Corporations** MASITAS CHILENAS CO. DOCUMENT NUMBER: P13000033550 The enclosed Articles of Revocation of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: IVAN LOPEZLLAVORE Name of Contact Person MASITAS CHILENAS CO. Firm/Company 3011 SABAL BEND DRIVE NE Address WINTER HAVEN, FLORIDA 33881 City/State and Zip Code GP8033@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: At (863) 651-3040 IVAN LOPEZLLAVORE Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount: □ \$35 Filing Fee **■ \$43.75** Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status & Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional copy is enclosed)

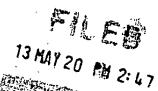
Mailing Address:

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 Articles of Incorporation



MASITAS CHILENAS.CO.,

(Name of Corporation as currently filed with the Florida Dept. of State

P13000033550

ment(s) to

(Document Number of Corporation ((if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this is Articles of Incorporation:	Florida Profit Corp	oradon adopts the following	emendmen
A. If amending name, enter the new name of the corneration:			
N/A		·	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professione	"incorporated" or the abl al corporation name must co	reviation intain the
B. Enter new principal office address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRESS)	**************************************		
·		· · · · · · · · · · · · · · · · · · ·	
• .			
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	3011 SABAL BEND DR NE		
	WINTER HAVEN, FL 33881		
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address		r the name of the	
Name of New Registered Agent IVAN LOPEZLLA	VORE		
3011 SABAL		NE	
· ·	ree(address)		
New Registered Office Address: WINTER HA	VEN	, Florida 33881	
(Ci);	9	(Zip Coda)	
•		,	
New Resistered Agent's Signature, if changing Rogistered Ason	ıt:		
I hereby accept the appointment as registered agent, I am familiar		obligations of the position.	
* there	7720		
Signature of New Registered	Agent Tchanging	The state of the s	

If amonding 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 heid. 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	T	John Doo	
X Remove	Ā	Mike Iones	
_X Add	SY	Sally Smith	
Type of Action	Title	Name	Address
(Check One) 1) Change	GN	MARTA D CANO	3035 BOATING BLVD
Add			KISSIMMEE, FL 34746
X Kemove			
2) Change	P	IVAN LOPEZLLAVORE	3011 SABAL BEND DR NE
X Add			WINTER HAVEN, FL 33881
Remove			
3) Change			

ľΑ	icles, enter change(s) bore: (Be specific)
I/A	
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provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, or cancellation of issued shares,
if not applicable, indicate N/A)	ange, recincultivation, or enacellation of issued shares, adment if not contained in the amountment isself.
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The date of each amendment(s) as	loption: MAY 17, 2	2013			
Effective date if applicable:	AY 17, 2013				
(no more than 90 days after amendment file date)					
		•			
Adoption of Amendment(1)	(CHECK ONE)				
The amendment(s) was/were add by the abarcholders was/were su		te anumber of votes cast	for the amendment(s)		
The amendment(s) was/were app must be separately provided for					
"The mumber of votes cast	for the amendment(s) was/we	re sufficient for approve	.		
by	(voting group)		"		
	(voting group)	•			
The amendment(s) was/were ado action was not required.	pted by the board of director	s without shareholder ad	tion and shareholder		
The amendment(s) was/were ado action was not required.	pted by the incorporators wit	hout sharcholder action	and shareholder		
•	17 2049		:		
DatedMAY	11,2013				
Signature	he Kom				
(By the chairm	an or vice chairman of the	ooard, president or oth	er officer-if directors		
have not been	selected, by an incorporate pointed fiduciary by that fit	or - if in the hands of a			
·	IVAN LOPEZL				
·	(Typed or printed	name of person signing)		
	PRESIDENT				
-	(Title of person	a signing)			