

(Requestor's Name)		
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(City/State/Zip/Phone #)		
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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CRETARY OF STATE

LAHASSEE, FLORIDA

OCT 04 2017 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: SANTA FE TRADING AGENCY	INC.
DOCUMENT NUMBER: P13000051520	
The enclosed Articles of Amendment and fee are submitted for filin	 g.
Please return all correspondence concerning this matter to the follow	l. ving:
VITO CANDELA	
Name of Con	ntact Person
Firm/ Co	
1145 HICKORY WAY	, and the same of
Add	ress
WESTON, FL 33327	
City/ State as	id Zip Code
VITOCANDELA@AOICOM	
E-mail address: (to be used for future an	nual report notification)
For further information concerning this matter, please call:	
VITO CANDELA at (] 954 385-9485 !
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the F	 orida Department of State:
S35 Filing Fee S43.75 Filing Fee S43.75 Filing Fee Certificate of Status Certified Co (Additional enclosed)	opy Certificate of Status
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

SANTA FE TRADING AGENCY, INC.

(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
P13000051520	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
CANDELA TRADING AGENCY, INC.	The new
name must be distinguishable and contain the word "corporat" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	FILE SECRETARIASSE
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·
(Florida .	street address)
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registered Agel I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the position.
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 PT John Doe X Remove <u>V</u> Mike Jones <u>SV</u> X Add Sally Smith Address Type of Action Title Name 1 (Check One) CAN SELA 1145 HICKORY WAY VITO 1) ____ Change WESTON FL 33327 X__ Add __ Remove 2) ____ Change ____ Add ____ Remove 3) ____ Change Add _ Remove 4) ____ Change ___ Add Remove 5) ____ Change Add Remove 6) ____ Change Add

Remove

E. If amending or adding additional Articles, enter change(s)	<u>here</u> :
(Attach additional sheets, if necessary). (Be specific)	
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F. 16	n e est dan e
F. If an amendment provides for an exchange, reclassification provisions for implementing the amendment if not contain	n, or cancellation of issued shares,
(if not applicable, indicate N/A)	ined in the amendment tisen.
(3	
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09/29/2017	
The date of each amendment(s) adoption: date this document was signed.	, if other than the
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 applica document's effective date on the Department of State's records.	ble statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders throw must be separately provided for each voting group entitled to verify the shareholders.	
"The number of votes east for the amendment(s) was/were	sufficient for approval
by(voting group)	."
☐ The amendment(s) was/were adopted by the board of directors vaction was not required.	vithout shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without action was not required.	ut shareholder action and shareholder
Dated	
(By a director, president or other office	hands of a receiver, trustee, or other court
VITO CANDELA	
(Typed or printed na	ame of person signing)
PRESIDENT/SECRETARY	
(Title o	person signing)