## P14000004921

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(Ac	idress)			
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(Ci	ty/State/Zip/Phone	e #)		
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03/31/14--01024--011 \*\*35.00

Amend 10 4/3/14

## **COVER LETTER**

**TO:** Amendment Section
Division of Corporations

NAME OF CORPOR	M11011.	Corner Latin Co	ffee Corp.		
DOCUMENT NUME	BER: P1400000492	1			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this mat	iter to the following:			
	Maira Isaziga				
	Name of Contact Person				
	Firm/ Company				
	758 E. 31 St.				
		Address	· · · · · · · · · · · · · · · · · · ·		
	Hialeah, FL 3301				
		City/ State and Zip Code	e		
N/A					
<del></del>	E-mail address: (to be us	ed for future annual report	notification)		
For further information	a concerning this matter, pleas	e call:			
Maira Isaziga	1	at (786	, 303-0885		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check for	r the following amount made p	payable to the Florida Depa	artment of State:		
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divi P.O.	ling Address Indment Section Ission of Corporations Box 6327 Ishassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301		

## Articles of Amendment to Articles of Incorporation of

The Music Corner Latin			
(Name of Corporation as P14000004921	s currently filed with the F	lorida Dept. of State)	
<del></del>	nt Number of Corporation (i	f known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendr	
A. If amending name, enter the new na	ame of the corporation:		
N/A		The no	
	nation "Corp," "Inc," or "	n," "company," or "incorporated" or the abbreviati Co". A professional corporation name must contain to	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		758 E. 31 St.	
		Hialeah, FL 33013	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		758 E. 31 St.	
		Hialeah, FL 33013	
D. If amending the registered agent an new registered agent and/or the ne			
Name of New Registered Agent	N/A		
	(Florida str	eet address)	
New Registered Office Address:	N/A	, Florida	
New Negisterea Office Address.	(City)		
New Registered Agent's Signature, if c			
		with and accept the obligations of the position.	
i S	anature 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 <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 Do	<u>e</u>			
X Remove	<u>v</u>	Mike Jo	nes			
X Add	<u>sv</u>	Sally Sn	<u>iith</u>			
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s	
1) Change		<del></del>	N/A	<del></del>		
Add						
Remove						
2) Change		_				
Add						
Remove						<del></del>
3) Change		_				
Add						
Remove						
4) Change		<del></del>				
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5)						
5) Change		_		<u> </u>	<del> </del>	
Add Remove						· · · · · · · · · · · · · · · · · · ·
Remove						
6) Change		<del></del>		<del></del>		<u> </u>
Add						
Remove						

(Attach additional sheets, if necessary).	<u>icles, enter change(s) here</u> : (Be specific)
<b>/</b> A	
······································	
· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an exch	bange, reclassification, or cancellation of issued shares.
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

date this document was signed.	soption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated_ <u>03</u> -	26-14	
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver trustee, or other court ted fiduciary by that fiduciary)	
	Maira Isaziga	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	