## PISDODOUSSZ

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only/Otale/218/1 Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Cashioso Zina) vierno)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800302003258

08/11/17--01018--009 \*\*35.00

ALLAHAREN SIRIE

Anund

AUG 15 2017

J ALBRITTON

## COVER LETTER

**TO:** Amendment Section Division of Corporations

4. Ta

LASTICS CORP	
	<del></del>
bmitted for filing.	
ter to the following:	
Name of Contact Persor	1
CORP	
Firm/ Company	
, ,	
Address	
City/ State and Zip Cod	e
ed for future annual report	notification)
•	
e call:	
786	512-4001
Area Co	de & Daytime Telephone Number
payable to the Florida Depa	artment of State:
□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Address Iment Section
Divisio	on of Corporations Building
	Name of Contact Person CORP Firm/ Company  Address  City/ State and Zip Code ed for future annual report e call:  at (786 Area Contact Person Address  City/ State and Zip Code ed for future annual report e call:  543.75 Filing Fee & Certified Copy (Additional copy is enclosed)

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

CTA	UNWORL	D DLAS	2.71.1	CORP

STAIN WORLD FEASTICS CORT				
( <u>Name o</u>	f Corporation as curres	ntly filed with the Florida Dep	t. of State)	
P15000006582				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporation a	dopts the following amo	endment(s) to
A. If amending name, enter the new na	me of the corporation:			
N/A			7'he	
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc." or	"Co". A professional corpora	orated" or the abbrev	viation
B. Enter new principal office address,	if analicable:	N/A		
(Principal office address MUST BE A S				
C. Enter new mailing address, if applia (Mailing address MAY BE A POST of the Mailing address).  D. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent.	OFFICE BOX) d/or registered office ad		me of the	FILED
	(Florida	street address)		
New Registered Office Address:	HIALEAH		. Florida 33013	
residence office manage.		(City)	(Zip Code)	
New Registered Agent's Signature, if classification in the second	ered agent. Kāra familia	nt:  Ir with and accept the obligation  Of Registered Agent, if changing	is of the position.	

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)

Example:

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.

X Change	PT	John Doc	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	P	EDWIN D. DUARTE	780 W 31 ST
Add			HIALEAH, FL 33012
X Remove			
2) Change	P	JOEL BORY	1083 E 24TH ST
X Add			HIALEAH, FL 33013
Remove			
3) Change			
Add			
Remove			
			<del></del>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
1/A	
<del></del>	
If an amendment provides for an exch	ange reclassification or concellation of issued shares
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
provisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and in the amendment itself:
(if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and in the amendment itself:
(if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:

	AUGUST 8, 2017	, if other than the
date this document was signed		, it outer than the
	AUGUST 8, 2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<del></del>
	this block does not meet the applicable statutory filing requirements, this da ne Department of State's records.	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(stre sufficient for approval.	;)
	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholde	ः।
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
AUG Dated	UST 8, 2017	
Signature		
	y a director, president or other officer - if directors or officers have not been	
	lected, by an incorporator - if in the hands of a receiver, trustee, or other cour	1
ар	pointed fiduciary by that fiduciary)	
	DEBORA CASANELLAS	
	(Typed or printed name of person signing)	
	VP	
	(Title of person signing)	