

6176360
Page: 1 of 6
2024-07-18 14:57:40 GMT
8405879637
915000010937
FLORIDA CORPORATION
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000243815 3)))



H240002438153ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.**

To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : NJ ACCOUNTING SERVICES CORP
Account Number : I20240000034
Phone : (305)686-2850
Fax Number : (844)587-9637

2024-01-18 AM 3:41

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: njtaxservices22@gmail.com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
DE LEON FOOD SERVICES, INC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

((((HZ4000Z400100))))

COVER LETTER

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION: DE LEON FOOD SERVICES, INC
DOCUMENT NUMBER: P15000010927

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SILVANO DE LEON CONCEPCION

Name of Contact Person

DE LEON FOOD SERVICES, INC.

Firm/ Company

3553 W 76TH ST UNIT #13-14

Address

HIALEAH, FL 33018

City/ State and Zip Code

NUTAXSERVICES22@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SILVANO DE LEON CONCEPCION

305

686-2850

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	P	DE LEON CONCEPCION, SILVAN	3553 W 76TH ST UNIT #13-14
____ Add			HIALEAH, FL 33018
____ Remove			
2) <input checked="" type="checkbox"/> Change	VP	PENA, PELAGIA T	3553 W 76TH ST UNIT #13-14
____ Add			HIALEAH, FL 33018
____ Remove			
3) <input type="checkbox"/> Change			
____ Add			
____ Remove			
4) <input type="checkbox"/> Change			
____ Add			
____ Remove			
5) <input type="checkbox"/> Change			
____ Add			
____ Remove			
6) <input type="checkbox"/> Change			
____ Add			
____ Remove			

111114+00004+0010-0000

E. If amending or adding additional Articles, enter change(s) here:

(Attaching additional sheets, if necessary). (Be specific)

N/A

三

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

NA

((112400024501007))

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

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 applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval
by _____
(voting group)

JULY 17TH, 2024
Dated _____

Signature Silvano De Leon Concepcion

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

SILVANO DE LEON CONCEPCION

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)