P15000044788

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Ві	usiness Entity Nam	e)
(De	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
:		

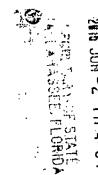
Office Use Only



800273311588

amena

06/02/15--01012--023 **35.00



JUN 1 0 2015 RAMSEY

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	TION: FLAMINGO JUIC	E BAR INC		
DOCUMENT NUMBE				
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all correspo	ondence concerning this mat	ter to the following:		
FI	RANCISCO A CRUZ			
		Name of Contact Person		
Α	ACCOUNTING UNLIMITED SOLUTIOS			
		Firm/ Company		
80	019 N HIMES AVE STE 50	, -		
		Address		
T.	AMPA FL 33614			
- 11.		City/ State and Zip Code	8	
franzsua	ıcruz@yahoo.com			
	- ·	ed for future annual report	notification)	
	,		,	
For further information c	oncerning this matter, pleas	e call:		
FRANCISCO CRUZ		at (<u>813</u>	389-9733	
Name of	Contact Person	at (at () de & Daytime Telephone Number	
Enclosed is a check for the	ne following amount made p	payable to the Florida Depa	ertment 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)	
Amend Divisio P.O. Bo	g Address Iment Section on of Corporations ox 6327 assee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301	

Articles of Amendment to Articles of Incorporation

FILED

FLAMINGO JUICE BAR INC

28% JUN - 2 PM 4: 34

(Name of Corpo	oration as currently filed with the Florida Dept, of State
P15000044788	ALLASASSEE. FLORIDA
(Do	ocument Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Flots Articles of Incorporation:	orida Statutes, this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of th	ne corporation:
	The new
	word "corporation," "company," or "incorporated" or the abbreviation Corp," "Inc," or "Co". A professional corporation name must contain the the abbreviation "P.A."
B. Enter new principal office address, if applic Principal office address <u>MUST BE A STREET</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX
new registered agent and/or the new register	ristered office address in Florida, enter the name of the cred of fice address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing hereby accept the appointment as registered age.	Registered Agent: ent. I am familiar with and accept the obligations of the position.
	Signatura of Naw Pagistarad Agant 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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	Т		LUIS RIOS	5277 IROQUOIS AVE
X Add				SPRING HILL, FL 34606
Remove				
2) Change				
Add				
Remove				***
3) Change		_	-	
Add				
Remove				
4) Change		_		
Add			•	
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

. If amending or adding additional Article (Attach additional sheets, if necessary).	(Be specific)
ADDING OFFICER AS TREASURER	
	
	
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:, if ot date this document was signed.	her than the
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more many states after amonamon file actor)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be a document's effective date on the Department of State's records.	listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ 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)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature ///	
(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)	
SAYRI SABORIT	_
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	_