## P160000 23239

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## <u>COVER LETTER</u>

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: _	CONTRERAS	FAMILY CORPORAT	ION	
DOCUMENT NUMBER:	P1600002323	9		
The enclosed Articles of Amenda	nent and fee are sub	omitted for filing.		
Please return all correspondence c	oncerning this mat	ter to the following:		
WAVERIN	G, STACI L			
<del></del>		Name of Contact Per	rson	<del></del>
CONTRE	CONTRERAS FAMILY CORPORATION			
<del> </del>		Firm/ Company		
632 PAMP	AS ST. NW			
		Address		
PALM BA	Y, FL 32907			
<del></del> -		City/ State and Zip C	Code	
tazaleather	@gmail.com			
E-mai	l address: (to be us	ed for future annual rep	oort notification)	
For further information concernin	g this matter, pleas		543-5147	
Name of Contact I	Person	at ( Area	) Code & Daytime Teler	phone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:				
<del>-</del>	.75 Filing Fee & ificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of S	tatus
Mailing Addre Amendment Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations	Am Div Tho 241	eet Address endment Section ision of Corporations c Centre of Tallahasse 5 N. Monroe Street, lahassee, FL 32303	

## Articles of Amendment to Articles of Incorporation of

## CONTRERAS FAMILY CORPORATION

(Name o	f Corporation as current	ly filed with the Flor	rida Dept. of State)		
P16000023239					
	(Document Number of	of Corporation (if kno	own)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corpo	pration adopts the following	owing ar	mendment(s)
A. If amending name, enter the new na	me of the corporation:				
CONTRERAS FAMILY CO	ORPORATION II			Tİ	he new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	orp," "Inc," or "Co".	A professional corpo			
B. Enter new principal office address, (Principal office address MUST BE A ST		N/A			
C. Enter new mailing address, if applicable: (Mailing address MAY, BE A POST OFFICE BOX)		N/A			20
•					麦丁
					Ξ ; <b>Ξ</b>
D. If amending the registered agent an new registered agent and/or the new			r the name of the		
Name of New Registered Agent	N/A	_			
the of the Regimered High					
	(Florida si	reet address)			
New Registered Office Address:	N/A		N/A , Florida	١	
		(City)		(Zip Code	9
New Registered Agent's Signature, if cl I hereby accept the appointment as regist			phligations of the posite	ian	
the con accept the approximent and region	erea agenii. Tam jamiiai	min una accopa me o	onganimo oj me posm		
					•
	Signatura of May 1	Registered Agent, if cl	- hamina		
	Signature of New 1	vegisiereu ngeni, ij Cr	unging		

Check if applicable

<sup>☐</sup> The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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.

X Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	Address 25	
1) N/A Change	N/A	N/A	N/A 20 MA 13	<u>-</u>
Add			<del></del>	
Remove				  -
2) Change				
Add			> <del></del>	
Remove 3) Change				
Add				
Remove				
4) Change	<u> </u>			
Add			**	
Remove				
5) Change				
Add				
Remove				
6) Change				
Add			·	
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
N/A		
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,		: 77
provisions for implementing the amendment if not contained in the amendment itself:	(2) <del>(1)</del> (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	
(if not applicable, indicate N/A)	36 H	
N/A	· · · · · · · · · · · · · · · · · · ·	_
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The date of each amendment(s) ac	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amena	ment fue aate)
Note: If the date inserted in this b document's effective date on the De		ng requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were add action was not required.	oted by the incorporators, or board of directors v	without shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were so	oted by the shareholders. The number of votes of ficient for approval.	east for the amendment(s)
must be separately provided for	roved by the shareholders through voting groups each voting group entitled to vote separately on for the amendment(s) was/were sufficient for ap	the amendment(s):
by		<del></del>
	(voting group)	¥ 5
selecte	etor, president or other officer – if directors of a nicorporator – if in the hands of a received fiduciary by that fiduciary)	ver, trustee, or other court
	Josuf Cortrevas , Sta (Typed or printed name of person sig	eci Wavering
	(Typed or printed name of person sig	gning)
	President Secre	tary
	(Title of person signing)	J