P16000043449

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C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: TIENDAS EL PAS	SO INC			
DOCUMENT NUMBER: P16000043449				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this mat	tter to the following:			
BALTAZAR SARABIA				
**************************************	Name of Contact Person			
TIENDAS EL PASO INC				
	Firm/ Company			
17049 FALLKIRK AVE				
	Address			
PORT CHARLOTTE, FL 33	954			
	City/ State and Zip Code			
TIENDASELPASO@GMAIL.CO!	M			
-	sed for future annual report notification)			
For further information concerning this matter, pleas				
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made p	payable to the Florida Department of State:			
\$35 Filing Fee \$\sum \text{\$\sum \\$43.75 Filing Fee & Certificate of Status}\$	Certified Copy (Additional copy is enclosed) \$\int_{\$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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation of

of			
TIENDAS EL PASO INC			
(Name of Corporation as current	ly filed with the Florida Dept. of State)		
ARTICLE I			
(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the fo	llowing amendn	nent(s) to
A. If amending name, enter the new name of the corporation;			
TIENDA EL GIRASOL INC		The ne	1141
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name	the abbreviation	on
B. Enter new principal office address, if applicable:	3492 TAMIAMI TRAIL UNIT C-D		
(Principal office address MUST BE A STREET ADDRESS)	PORT CHARLOTTE, FL 33952		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	17049 FALLKIRK AVE	₩ 62 1710 1710	2
	PORT CHARLOTTE, FL 33954		
		¥1	20 P
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		FIGNE	्रा शु
Name of New Registered Agent	A	**************************************	
(Florida st	reet address)		
New Registered Office Address:	, Florida	(Zip Code)	-
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of the po	sition.	

Signature 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 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 Doe	
X Remove	Y	Mike Jones	
_X Add	SY	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	STEPHANIE SARABIA	3705 10TH ST W
Add		·	LEHIGH ACRES, FL 33971
X Remove			
2) Change	VP	MARIA SHERIDAN	17049 FALLKIRK AVE
X Add			PORT CHARLOTTE, FL 33954
Remove			· · · · · · · · · · · · · · · · · · ·
3) Change			_
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add	 		
Remove			

(Attach additional sheets, if necessary).	(Be specific)	
IF POSSIBLE CHANGE ARTICLE VI	(20 \$perges)	
NCORPORATOR: BALTAZAR SARABIA. ADDRESS 17049 FALLKIRK AVE PORT CHARLOTTE, FL 33954		
IF NO POSSIBLE LEAVE THE SAME		
-		
*** **********************************		
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F. If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis	
provisions for implementing the ame	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:	
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an anger itself:	
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and in the amendment itself:	
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:	
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:	
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:	

The date of each amendment(s) a date this document was signed.	doption:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not be listed as the epartment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes case	t for the amendment(s) was/were sufficient for approval
by	(voting group)
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder
7/11/2016 Dated Signature	director, president or other officer – if directors or officers have not been
selecte	ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	BALTAZAR SARABIA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)