P160000062001

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)	
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Amend

OCT 17 2016 I ALBRITTON

COVER LETTER

O: Amendment Section
Division of Corporations

NAME OF CORPORATION: JAVIER PUENTE	S PA	
DOCUMENT NUMBER: P16000062001		
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
JAVIER PUENTES		
·	Name of Contact Person	1
	Firm/ Company	
7211 W 24TH AV #2209		
	Address	
HIALEAH FL 33016		
	City/ State and Zip Code	•
E-mail address: (to be us	sed for future annual report	notification)
For further information concerning this matter, pleas	se call:	
JAVIER PUENTES	at (2613762 de & Daytime Telephone Number
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	rtment of State:
\$35 Filing Fee \$\text{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	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ΊΑ	V	IFR	PU	IEN	TES	PΑ

(<u>Name o</u> 5000062001	1 Corporation as currently II	led with the Florida Dept. of State)	
	(Document Number of Co	emoration (if known)	
	•		
suant to the provisions of section 607.1 Articles of Incorporation:	1006, Florida Statutes, this <i>Flo</i>	rida Profit Corporation adopts the following a	mendment(s)
If amending name, enter the new na	me of the corporation:		
· · · · · · · · · · · · · · · · · · ·	 		he new
ne must be distinguishable and cont orp.," "Inc.," or Co.," or the design d "chartered," "professional associat	ation "Corp," "Inc," or "Co	"company," or "incorporated" or the abbr ". A professional corporation name must con "."	eviation stain the
Enter new principal office address, i Incipal office address <u>MUST BE A ST</u>			
T			
Enter new mailing address, if application (Mailing address MAY BE A POST C		5 2	
			-
	•	S	C. MIR PLETO
			A SHEET COMME
If amending the registered agent an new registered agent and/or the nev		in Florida, enter the name of the	į į į
	JAVIER PUENTES	<u> </u>	3
Name of New Registered Agent			
	7211 W 24TH AV #2209		
	(Florida street	address) 33016	
	HIALEAH	, Florida 53010	
New Registered Office Address:	(Ci		

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	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	JAVIER PUENTES	7211 W 24TH AV #2209
Add			HIALEAH FL 33016
Remove			
2) Change	<u>s</u>	MILKYS E GONZALEZ	7211 W 24TH AVE #2209
X Add			HIALEAH FL 33016
Remove			
3) Change			
Add			·—-
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	y). (Be specific)			
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	evchange, reclassifica	ation, or cancellatio	n of issued shares.	
f an amendment provides for an			dmont itealf	
If an amendment provides for an provisions for implementing the	amendment if not cor	<u>ntained in the amen</u>	ament usen.	
f an amendment provides for an provisions for implementing the (if not applicable, indicate N/A	<u>amendment if not co</u> i	ntained in the amen	ament usen.	
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The date of each amendmendate this document was signed		, if other than the
	09/21/2016	
Effective date if applicable:	(no more than 90 days after amendment file date)	<u> </u>
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing requirements, this date he Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/wei by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statemen ed for each voting group entitled to vote separately on the amendment(s):	t
"The number of votes	s 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 shareholder	
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
09/21 Dated Signature	/2016	
(B	by a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	
	JAVIER PUENTES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	