# P16000092159

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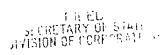
,
TO: Amendment Section Division of Corporations
NAME OF CORPORATION: La Olanchana Grocery Incomment number: D16000092159
The enclosed Articles of Amendment and fee are submitted for filling.
Please return all correspondence concerning this matter to the following:
_lairo murillo
Name of Contact Person
La Olanchana Grocery Inc
2072 South military Trail Suite6
west palm beach [1.33415
City/ State and Zip Code  Jairo 23 Obel/ South. net  E-mail address: (to be used for future annual report notification)
For further information concerning this matter please call:
Jairo murillo 1561, 722-4190
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 Certificate of Status Certificate of Status (Additional copy is enclosed)  \$35 Filing Fee Certificate of Status    S43.75 Filing Fee Certificate of Status

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahasses, 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



LA OLANCHANA GREO	CERY INC. 2016 DEC - 1 PM 1: 44
(Name of Corporation as currently filed with the F	lorida Dept. of State)
P160009218 (Document Number of Corporation (i	59
(Document Number of Corporation (i	f known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
ı	The. new
name must be distinguishable and contain the word "corporatio "Corp" "Inc" or Co" or the designation "Corp" "Inc" or word "chartered," "professional association," or the abbreviation "	'Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	2072 S. MILITARY TRAIL
(Frincipal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·
to correct tip code (only) ->	SUITE # 6 WEST PAIN BEACH - FL 33415
	WEST MUT BEACH - FL. 33475
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	11-30
D. If amending the registered agent and/or registered office add	
new registered agent and/or the new registered office address	<u>:</u>
Name of New Registered Agent	<u> </u>
(Florida str	reet address)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
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 - It 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 Doc is tisted 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	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Neane</u>	<u>Addres</u> s
1) Change	ρ	Jairo murillo	5813 Dewberry wa west palm beach fl
Add Remove	•		West palm beach fl 33415
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 Arti (Attach additional sheets, if necessary).	(Be specific)			
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f an amendment provides for an exchiprovisions for implementing the amer (if not applicable, indicate NA)	ange, reclassification, or ca idment if not contained in t	ncellation of issued sh he amendment itself:	ares,	
				<del></del>
	N A			

The date of each amendment(s) adoption: 11-28-16	fig. t_Lf is t_Lf is t_Aff Yought than the
date this document was signed.	DI ZISHON OF CORE GRADE.
Effective date <u>if applicable</u> :	2016 DEC - L PM 1: 44
Effective date <u>if applicable</u> :  the more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	his date will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendr by the shareholders was/were sufficient for approval.	nent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following standard be separately provided for each voting group emitted to vote separately on the amendment(s)	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
tvoting groups	
The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required.	cholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	ler
Dated_ 11-28-16	
Signature Que Mum	
(B) a director, president or other officer – if directors or officers have not selected, by an incorporator - if in the hands of a receiver, trustee, or othe	
appointed fiduciary by that (iduciary)	recourt
Jairo murillo	
(Typed or printed name of person signing)	
Dresident	
(Little of oerson signing)	