# Pleccogleble

(Re	questor's Name)	
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	WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
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S. PRATHER

#### COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: \_\_\_\_\_ LA MIA PIZZA AND WINGS HIALEAH CORP

DOCUMENT NUMBER: \_\_\_\_\_

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LEVON PAYASLIAN

Name of Contact Person

LA MIA PIZZA AND WINGS HIALEAH CORP

Firm/ Company

4040 W 12 AVE

Address

HIALEAH FL 33012

City/ State and Zip Code

taxspecialistusa@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 LEVON PAYASLIAN
 at (
 786
 630 4991

 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:

S35 Filing Fee

□\$43.75 Filing Fee & Certificate of Status □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) S52.50 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

<u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## LA MIA PIZZA AND WINGS HIALEAH CORP

# (Name of Corporation as currently filed with the Florida Dept. of State)

P16000096661

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006. Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

## A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:		4040 W 12TH AVE		
(Principal office address <u>MUST BE A STREET ADDRESS</u> )		HIALEAH, FL 330112		
			EC.	
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BON</u> )				<u>ل</u>
				0.0
D. <u>If amending the registered agent an</u> <u>new registered agent and/or the new</u> <u>Name of New Registered Agent</u>			ome of the	
	4040 W 12TH AVENUE			
	(Florida și	ireet addressi		
<u>New Registered Office Address:</u>	HALEAH		_, Florida 33012	
		(City)	Zip Ce	nde)
<u>New Registered Agent's Signature, if c</u> I hereby accept the appointment as regist			ms of the position.	
	1			

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:

 $P \rightarrow President; V \rightarrow Vice President; T \rightarrow Treasurer; S \rightarrow Secretary; D = Director; TR \rightarrow Trustee; C \rightarrow Chairman or Clerk, CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD,$ 

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	$\underline{PT}$	John Doe	
X Remove	Y	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	PT	JUAN PAYASLIAN	4195 NW 183rd ST
Add			MIAMI GARDENS FL 33055
X Remove			
2) X Change	PT	LEVON PAYASLIAN	4040 W 12TH AVE
Add			HIALEAH, FL 33012
Remove			
3.) Change		_	
Add			
Remove			
4) Change			<u>.</u>
Add			
Remove			
57 Change			
Add			
Remove			
6) Change			
Add			·
Remove			

# E. If amending or adding additional Articles, enter change(s) here:

 $(Attach \ additional \ sheets, \ if \ necessary) = (Be \ specific)$ 

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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate NA)

The date of each amendment(s) adoption:	, if other than t
ffective date <u>if applicable</u> :	
ffective date <u>if applicable</u> :	
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this dat ocument's effective date on the Department of State's records.	te will not be listed as t
.doption of Amendment(s) ( <u>CHECK ONE</u> )	
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 stateme must be separately provided for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast for the amendment(s) was/were sufficient for approval	
hy" (voting group)	Age -
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholde action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	3 PK 6: 0
06/26/2017 Dated	
Signature	
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)	t
LEVON PAYASLIAN	
LEVON PAYASLIAN (Typed or printed name of person signing)	