Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000329175 3)))



H180003291753ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

ACCOUNT Name : RAFAEL ACCOUNTING TAX

Account Number : I20130000095

Phone

: (305)558-1685

Fax Number

: (305)558-4835

NOV 1 0 2018

· ALBRITTON

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

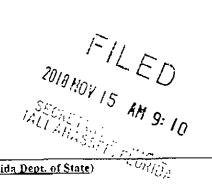
COR AMND/RESTATE/CORRECT OR O/D RESIGN HIALEAH OUTLET CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

Help

Articles of Amendment to Articles of Incorporation of



HIALEAH OUTLET CORP

P17000068732 (Document Number of Corporation (if known)	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following Articles of Incorporation:	g amendment(s) t
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 a "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc." or "Co". A professional corporation name must word "chartered," "professional association," or the abbreviation "P.A."	bbreviation contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered office address:	
Name of New Registered Agent	_
(Fiorida street address)	_
Fiorida	
	Codel
(Fiorida street address) Nov. Recistered Office Address:	
Cincinnation of New Purintered 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:

(Anach 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 monner. Currently John Doc 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	PI	<u>Iohn Doe</u>	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	P	NICKOLE A IZQUIERDO	5035 NW 171 ST
Add			HIALEAH FL 33015
X Remove			
2) Change	Ø	VIOLETA D ARIAS	550 E 10 ST
Add			HIALEAH FL 33010
X Remove			
3) Change	VP	KARENT D IZQUIERDO	550 E 10 ST
_ Add			HIALEAH FL 33010
X Remove			
4) Change	P	NICKOLET A IZQUIERDO	5035 NW 171 ST
X Add			HIALEAH FL 33015
Remove			
5) Change			
Add			
Remove			
δ)Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
	
	•
	
If an amendment provides for an exprovisions for implementing the an (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
,,,	
	_

	11/15/2018	, if other than the
The date of each amendment(s) date this document was signed.	adoption:	, if Officer than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
		II not be listed as the
Note: If the date inserted in this document's effective date on the l	s block does not meet the applicable statutory filing requirements, this date with Department of State's records.	
Adoption of Amendment(s)	(CHECK ONE)	
The anundment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were a must be separately provided.	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	sst for the amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
	11/15/2018	
Dated Signature	Nickolet Inquieralo	
/Bu	a director, president or other officer - if directors or officers have not been	
sele app	exted, by an incorporator — if in the hands of a receiver, trustee, or other court soluted fiduciary by that fiduciary)	
	NICKOLET A IZQUIERDO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	