08/30/2017 16:22

JAZARUO 1 Z PAG Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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.

(((H17000233285 3)))



H170002332853ABC+

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

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone

: (305)552-5973

Fax Number

: (305)675-5944

**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 EL NUEVO NEIGHBORHOOD PETSHOP CORP

Certificate of Status	0
Certified Copy	0
age Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help



850-817-8381

8/30/2017 10:55:40 AM PAGE 1/001 Fax Server



August 30, 2017

FLORIDA DEPARTMENT OF STATE

EL NUEVO NEIGHBORHOOD PETSHOP CORP 643 W 16 ST HIALEAH, FL

3301008

SUBJECT: EL NUEVO NEIGHBORHOOD PETSHOP CORP

REF: P17000069250

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

YOU MUST CHECK ONLY ONE (1) ADOPTION OF AMENDMENT BOX.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair Regulatory Specialist II

FAX Aud. #: H17000233285 Letter Number: 717A00017890



	l	
		H17000233285
5	Articles of Amendmen	
•	Articles of Incorporation	
El Nuevo ,	Al- of	
	Righbaghood	Petshop COMO
(Name of	Corporation as currently filed wit	h the Florida Dept. of State)
P110000	69250	,
	(Document Number of Corporation	on (if known)
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this Florida Pro	ofit Corporation adopts the following amendment(s) to
A. If amending name, enter the new nam	ne of the corporation:	
		The May
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designativord "chartered," "professional association		any," or "incorporated" or the abbreviation ofessional corporation name must contain the
B. Enter new principal office address, if	applicable:	
(Principal office address MUST BE A STR	REET ADDRESS)	
		
	·	
C. Enter new mailing address, if applica	hle:	
(Mailing address MAY BE A POST OF	FICE BOX	
D. If amending the registered agent and/on the new registered agent and/on the new re-	or registered office address in Flori	da, enter the name of the
new registered agent and/or the new r	egistered office address:	
Name of New Registered Agent	ARIENYS Day	04
:	574 de les la	Healech F1 33010.
	(Florida street address)	Hislach, F1 33010
New Registered Office Address:	·	
	(Cuy)	, Florida (Zip Code)
	(0-0)	(Up Code)
New Registered Agent's Signature, if chan	ging Registered Agent:	
hereby accept the appointment as registered	a agent. I am famillar with and acce	ept the obligations of the position.
	$\mathcal{A}l$.	
	Coury	
	Signature of New Revisiered 40	ent if chancin-

H17000233285

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: (Assach 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 heid. 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, Y as Remove, and Sally Smith, SV as an Add.

X Change	PT John	Doe	
X Remove	Y <u>Mik</u>	: Jones	
<u>X</u> Add	SY Sail	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Address</u>
() Change	PT	ERDUYN Valido	643 W 16th ST
Add Remove		·	Hislach, F133010
2) Change Add	PI	Alelenys Baloy	574 Healeah De Haleah, F133010
Remove 3) Change			
Add	·		
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			

Page 2 of 4

If amending an addition of the control of the contr	H170002332
[famending or adding additional Articles, enter change(s) he (Attach additional sheets, if necessary). (Be specific)	<u>re</u> :
(be specific)	
_	
fan amendment provides for an exchange, reciassification, or	ennealistics skiewed stars
biographic intolentelling the suichnussil it hot contained t	in the amendment itself:
(If not applicable, Indicate N/A)	

H17000233285

The date of each amendment(s) ad-	option:	
date this document was signed.	i	if other than the
Effective date if applicable:	; ,	
	(no more il	ran 90 days after amendment file date)
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the a	Smithed to see a second
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suff	led by the shareholders.	The number of votes cast for the amendment(s)
The amendment(s) was/were appromust be separately provided for ea	ived by the shareholders with voting group entitle	s through voting groups. The following statement d to vote separately on the amendment(s):
		/were sufficient for approval
by		
	(voting group)	."
		tors without shareholder action and shareholder without shareholder action and shareholder
Dated_ 8/2 6	1/17	
Signature		wy
(By a dire	tor, president or other e	offiger - if directors or officers have not been
Servering, t	in incorporator — it in fiducial fiduciary by that fiduciary	I INC MAINE OF A receiver trustee, or other source
_	,	s BA 10 4 led name of person signing)
	(Typed or print	ed name of person signing)
<u></u> .	Paesi	dent.
	(Tit	tle of person signing)