## P170C0073181

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JAN 1 1 2018 CMCHAIR

## **COVER LETTER**

<u>COVER LETTER</u>	3.
TO: Amendment Section Division of Corporations	2010 JAN - 9 AM DI 84
NAME OF CORPORATION: Antibun BAKERY Inc DOCUMENT NUMBER: P 170000 73181	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Heetor R. Le Seon Giros  Name of Contact Person  Antigun Bakey Inc  Firm/Company  6650 PARK Street  Address  Hollywood, FL 330;	
City/ State and Zip Code  V. MAR GUES & Arthuref. Co  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:	
	1000
Hector de Leon at (B4) 829  Name of Contact Person Area Code & Daytime Telephore	nc Number
Enclosed is a check for the following amount made payable to the Florida Department of State:	
□ \$35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  □ \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)	15
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment

to

Articles	of	Incorporation

of	*
Anliqua BAKery Inc	2010 JAN -9 AM TO ES
(Name of Corporation as currently filed with the Florida I	Dept. of State)
P 17000073181	]
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporatio</i> its Articles of Incorporation:	n adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	I
name must be distinguishable and contain the word "corporation." "company," or "inco	The new
"Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corp word "chartered," "professional association," or the abbreviation "P.A."	porporated" or the abbreviation poration name must contain the Rean GIRov
C. Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  HOWYN	PARK Street 1000, FL 33004
D. If amending the registered agent and/or registered office address in Florida, enter the new registered agent and/or the new registered office address:	İ
Name of New Registered Agent BBB Multistervice	treel_
New Registered Office Address: Perharke fine (City)	, Florida FC 33024 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obliga	tions of the position.
	1
Signature of New Registered Agent if changi	

address of each Officer Attach additional sheets Please note the officer/de P = President; V= Vice Executive Officer; CFO held. President, Treasure Changes should be noted	and/or D  i, if necess irector titl President = Chief i er, Direct in the fo aves the c	Pirector by tary)  Ite by the file by the file; T= Tree  Financial for would itellowing maneration	irst letter of the office title: asurer; S= Secretary; D= Director; To Officer. If an officer/director holds to be PTD. tanner. Currently John Doe is listed a n, Sally Smith is named the V and S. S.	FR= Trustee; C = more than one ti us the PST and M	= Chairman or Clerk; CE() = tle, list the first letter of each tike Jones is listed as the V. T	= Chief h office here is
X Change	<u>PT</u>	John Do	<u>oe</u>			
X Remove	<u>v</u>	Mike Jones				
X Add	<u>sv</u>	Sally Sr	nith_			
Type of Action Check One)	Title		<u>Name</u>	<u>Addres</u> :	\$	
l) Change		<del></del>			<u> </u>	
Add						
Remove					1	
2) Change		_		_		
Add						
Remove						
3)Change		<del>_</del>		_		
Add					<u> </u>	
Remove						
4) Change		_				
Add						
Remove						
5) Change						
Add		<b></b>				
Remove					<u> </u>	
6) Change		_				
Add					<u> </u>	
Remove						

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	•
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	<u>†</u>
<u>.</u>	
	!
	1
If an amendment provides for an exchange, reclassification, or cancellation of issued share	es,
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	
···-	
<del></del>	
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The date of each amendment(s) adoption: 61/05/2018 . it date this document was signed.	f other than the
Effective date if applicable: 01/05/2018	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	be listed as the
Adoption of Amendment(s) (CHECK ONE)	
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 statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature Y	
(By a director, president or other officer – indirectors 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)	
<u>×</u>	<del></del> -
(Typed or printed name of person signing)	
* President	
(Title of person signing)	