PIT000086325

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(Requestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CO	RPORATION: LA PERLA BAK	ERY INC			
	NUMBER: P17000086325				
The enclosed A	rticles of Amendment and fee are s	submitted for filing.			
Please return all	correspondence concerning this m	natter to the following:			
	JOSE L MIRANDA, JR.				
	Name of Contact Person LA PERLA BAKERY INC				
	Firm/ Company				
	1019 JAMAICA AVE	, .			
		Address			
	FORT PIERCE, FL 34982				
		City/ State and Zip Cod	e		
	JOS772@YAHOO.COM				
	E-mail address: (to be	used for future annual report	notification)		
For further info	rmation concerning this matter, ple	rase call:			
JOSE L MIRAI	NDA	ar (772	828-8811		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a ch	neck for the following amount mad-	e payable to the Florida Dep.	artment of State:		
\$35 Filing	Fee □\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Amend Division The C 2415 Y	Address Innent Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, Fl. 32303		

Articles of Amendment to Articles of Incorporation of

LA PERLA BAKERY INC

/Name of Cornoration as curren	tly filed with the Florida Dept. of State)
P17000086325	O.
<u>. </u>	of Corporation (if known)
Pursuant to the provisions of section 607,1006. Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendm
A. If amending name, enter the new name of the corporation:	
	The ne
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co", "chartered," "professional association," or the abbreviation "PA	A professional corporation name must contain the wor
B. Enter new principal office address, if applicable:	2712 S US HIGHWAY 1
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	FORT PIERCE, FL 34982
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
to the contract of the contrac	dames in Classida, antare the manne of the
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	
Name of New Registered Agent	
(Florida :	street address)
New Registered Office Address:	, Florida
	(Cay) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familia.	nt: r with and accept the obligations of the position.
Therety therein in approximation as regulared agents. Composition	
Signature of New	Registered Agent, if changing
· · · · · ·	

Check if applicable

 \square The amendment(s) is/are being filed pursuant to s. 607 0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, namaddress of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please now 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 - Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office 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-T) 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 C) Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	P	MIRANDA, JOSE L, JR	1019 JAMAICA AVE
Add			FORT PIERCE, FL 34982
Remove			
2) Change	D	MIRANDA, RAFAEL	1125 SUNRISE BLVD
Add			FORT PIERCE, FL 34950
X Remove			
Add			
Remove			
4) Change			
Add			
Remove			
<i>51</i> Change			
Add			
Remove			
6) Change			
, Add			
Remove			

(Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	THE TANK COMMITTEE THE STATE OF
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption:	, if other the
date this document was signed.	
11/20/2020	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory fiting requirements, this dadocument's effective date on the Department of State's records.	ate will not be listed.
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was were adopted by the incorporators, or board of directors without shareholder act action was not required.	ion and shareholder
☐ The amendment(s) was were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was were sufficient for approval.	(s)
☐ The amendment(s) was were approved by the shareholders through voting groups. The following staten must be separately provided for each voting group entitled to vote separately on the amendment(s):	ient
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
Signature 1 1 1 Signature of the state of th	
By 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 con appointed fiduciary by that fiduciary)	i Art
JOSE L MIRANDA, JR.	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	