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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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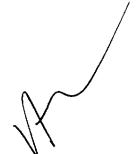
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CICERON DISTRIBUTORS
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ciceron Pujol Name of Contact Person Ciceron Distributors Corp Firm/Company
3791 dale Road Address
Palm Springs FL 33406 City/ State and Zip Code
Cesar Ciceron 69@ enail Con E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cesar Ciceron PusoL at (509) 396 8543 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:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
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

Ciceron Distributor				
(<u>Name of Co</u>	poration as currently	filed with the Florida Dep	t. of State)	
<u> </u>	0092 761			
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this I	lorida Profit Corporation a	dopts the followin	ng amendment(s) to
A. If amending name, enter the new name o	f the corporation:			
				The new
name must be distinguishable and contain t "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp." "Inc," or "C	lo". A professional corpor	orated" or the a ation name must	bbreviation
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		<u> </u>		<u>.</u>
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		n/A		
D. If amending the registered agent and/or new registered agent and/or the new reg			me of the	
Name of New Registered Agent	n/A			-
	(Florida stre	et address)		_
New Registered Office Address:	n/A		, Florida	_
	(City)	2811	Code)
New Registered Agent's Signature, if changi	ng Registered Agent:		\$40 B	clamo.
I hereby accept the appointment as registered of	igent. I am familiar w	ith and accept the obligation	is of the position.	
	In lA		To W	
	Signature of New Re	gistered Agent, if changing	Sapa en	_

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 = 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 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.

6

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>	<u>Name</u>	<u>Addres</u> s
1) X Change	<u>P</u>	Cesar Ciceron PusoL	3791 dale Road
Add			Palm spring FL 3340
Remove			
2) Change	P	Cesar Ciceron PusoLSR	
Add Remove			Palm springs 33406
3) Change	P	Cesar Ciceron PusoLS	
Add Remove			Paloy spaings FL 33406
4) Change			
Add			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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	, if other than the
Effective date if applicable: 1/12/2017 (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 document's effective date on the Department of State's records.	not 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	
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	
(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)	
(Typed or printed name of person signing)	<u> </u>
President	
(Title of person signing)	

Hello:

To May Whom concern the reason of this amendments is that I made a mistake when I created my corporation and add SR to my name, also there are 3 presidents as officers when is just me with the same address as my Office, please attached is a copy of my driver license so you have proof of my correct name and my address is 3791 Dale Road, Palm Spring, FL, 33406.

Thank you in advantage and please don't hesitate in contact me if there are any questions.

Sincerely Cesar Ciceron Pujol President cell: 509 396 8543