## P19000034523

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<i>⇒</i> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



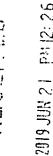
300329399333

05/28/19--01012--016 \*\*52.50

FILED

19 Jul 21 AIT: 25

JUN 2 4 2019 S. YOUNG





June 11, 2019

MARIA C BONILLA BENITEZ MERCADITO INC 30 NE 36TH COURT OAKLAND PARK, FL 33334

SUBJECT: MERCADITO INC Ref. Number: P19000034523

We have received your document for MERCADITO INC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young Regulatory Specialist II

Letter Number: 319A00011634

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: MERCADITO IN	C	
DOCUMENT NUMBI	ER: P19000034523		<u></u>
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
	Maria C	. BONILLA BENITEZ	
_	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	
		MERCADITO INC	
-		Firm/ Company	
	3	0 NE 36th COURT	
-		Address	
	OAKLAND	PARK, FL 33334	
<del>-</del>		City/ State and Zip Code	
	MERCADITOLAT	INOINC@GMAIL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
JESSYCA STEIERT		954 at (	701-2587
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:
S35 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			Address
Amendment Section		Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of

MERCADITO INC

(Name of Corporation :	as currently filed with the Florida Dept. of State)
P19000034523	
(Document	t Number of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida States Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpo	oration:
	$The^{-new}$
name must be distinguishable and contain the word " "Corp ," "Inc.," or Co.," or the designation "Corp," " word "chartered," "professional association," or the abb	"corporation," "company," or "incorporated" or the abbieviation "Inc," or "Co". A professional corporation name must contain the breviation "P.A."
B. Enter new principal office address, if applicable:	58 <b>9</b>
(Principal office address <u>MUST BE A STREET ADDRE</u>	ESS )
	<u> </u>
	21 LE
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
[Manning and Co. 1921   1922	
	5-0
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe	ered Agent: im familiar with and accept the obligations of the position.
r песеоў ассері іне арронитет as registerea agent. Та	т запана мин ана ассері те оонканоня ој те розиюн.
Signatu	we of New Registered 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:

(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.

Example: XChange	<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) Change	P	MARIA C. BONILLA	30 NE 36th COURT
Add			OAKLAND PARK, FL 33334
X Remove			
2) Change	P	MARIA C. BONILLA BENITEZ	30 NE 36th COURT
X Add			OAKLAND PARK, FL 33334
Remove			
3)Change		<u> </u>	
Add			
Remove			
1) Channa			
4) Change Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
THE PRESIDENT OF MERCADITO INC IS THE SAME OWNER WHOSE CORRECT FULL NAME IS BEING
CHANGED. THE ORIGINAL APPLICATION APPEARED AS MARIA C. BONILLA, HOWEVER; HER NAME
SHALL IS AND SHALL APPEAR AS MARIA C. BONILLA BENITEZ. THANK YOU.
THE CHECK IN THE AMOUNT OF \$52.50 HAS ALREADY BEEN ACCEPTED AND DEPOSITED BY YOUR
AGENCY, ATTACHED PLEASE FIND A COPY OF THE PRESIDENT'S SOCIAL SECURITY CARD AND THE
CHECK ALREADY PROCESSED. THANK YOU IN ADVANCE FOR YOUR HELP.
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/4)

	06/17/2019	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
	5/17/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	1
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
06/17/20 Dated	)19	
العربي Signature	-D15-	
(By:	a director, president or other officer – if directors or officers have not been	
	cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	
	MARIA C. BONILLA BENITEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	