

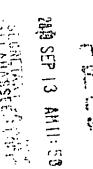
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500333415255

09/13/19--01013--012 **35.00



CHOWN'S

COVER LETTER

TO: Amendment Secti Division of Corpe				Sta Commission
NAME OF CORPOR	RATION: Bodegon Bon Mar	che C.A Inc		70 6
DOCUMENT NUME	P19000062546 BER:			The Contract of the Contract o
	of Amendment and fee are so			
		•		
Please return all corres	spondence concerning this ma	tter to the following:		,
	Elvis D Salvador			
		Name of Contact Person	n	
	ENS Accounting Corp			
Firm/ Company				
5955 SW 162nd Path				
Address				
	Miami, Fl 33193			
		City/ State and Zip Cod	ť	
	E-mail address: (to be u	sed for future annual report	notification)	
For further information	r concerning this matter, pleas	se call:		
Elvis D Salvador		ar (305	205-8776	
Name (of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	r the following amount made	payable to the Florida Depa	urtment 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)	
Ame Divi P.O.	ling Address indiment Section sion of Corporations Box 6327 thassee, FL 32314	Amenc Divisio Clitton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec, F1, 32301	

Articles of Amendment Articles of Incorporation of

	Articles	of Amendment		强 吗
	Articles o	to of Incorporation		Story
	4	of		
Bodegon Bon Marche C.A Inc				
(<u>Name</u>	of Corporation as curi	rently filed with the FI	orida Dept. of State)	The state of the s
P19000062546				(ن
	(Document Numb	ber of Corporation (if kn	own)	•
Pursuant to the provisions of section 607 its Articles of Incorporation:	7,1006, Florida Statutes.	this Florida Profit Cor	poration adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new n	name of the corporation	n <u>:</u>		
				Thenew
name must be distinguishable and cor "Corp.," "Inc.," or Co.," or the desig word "chartered," "professional associa	nation "Corp," "Inc,"	or "Co" A profession	r "incorporated" or ud corporation name	the abbreviation
B. Enter new principal office address.	, if applicable:			
(Principal office address <u>MUST BE A S</u>			•	
		 -		
C. Enter new mailing address, if appl	licable:			
(Mailing address MAY BE A POST				
				
D. If amending the registered agent a			er the name of the	
new registered agent and/or the ne	ew registered office add	dress:		
Name of New Registered Agent	Luis Parra			
	7274 NW 25th Street			
	(Floria	da street address)		
New Registered Office Address:	Miami		, Florida	3122
New Negate / g - Aprel - Agreem		(City)	, , , , , , , , , , , , , , , , ,	(Zip Code)
New Registered Agent's Signature, if o	changing Registered A	gent:		
I hereby accept the appointment as regis	stered agent. I am famii	liar with and accept the	obligations of the pos	sition.
_=				
	~			

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:

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	14	John Doe	
X Remove	<u>\script{\script{\chi}}{}</u>	Mike Jones	
<u>X</u> Add	<u>8V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Victoria C Parra	7274 NW 25th Street
Add			Miami, FL 33122
XXX Remove			
2) XXX Change	P	Luis Parra	7274 NW 25th Street
Add			Miami, F1, 33122
Remove			
3.) XXXX Change	VP	Marcos Minichini	7274 NW 25th Stree
Add			Miami, FL 33122
Remove			
41Change			
Add			
Remove			
5) Change			
Add			
Remove			*
6) Change			
Add			
Remove			

	
	<u> </u>
If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
<u>provisions for implementing the amendment if not contained in the amendment itself:</u> (if not applicable, indicate N A)	
MA	

	8-30-2019	
	adoption:	, it other than the
date this document was signed.		
	80-2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	fin and than 20 this the third that it	
Note: If the date inserted in this document's effective date on the f	block does not meet the applicable statutory filing requirements, this date will nepartment of State's records.	ot be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
	at for the amendment(s) was/were sufficient for approval	
bv	(voting group)	
	(voting group)	
■ The amendment(s) was/were action was not required.	lopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	lopted by the incorporators without shareholder action and shareholder	
8/30/2019 Dated) 	
_		
Signature		_
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the bands of a receiver, trustee, or other court med fiduciary by that fiduciary)	
	Luis Parra	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	