P2 000031830

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C. GOLDEN SEP - 1 2020

COVER LETTER

TO: Amendment Section **Division of Corporations**

Tallahassee, FL 32314

NAME OF CORPOR	RATION: Laredo's Meat Mai	rket Inc		
DOCUMENT NUME	P20000037830			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	Beatriz Saldivar			
		Name of Contact Person		
		Firm/ Company		
145 Arrow Trace Rd				
	Address			
Havana, FL 32333				
		City/ State and Zip Code		
	laredosmeatmarket@gmail.c	om		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informatio	n concerning this matter, plea	se call:		
Beatriz Saldivar		at (850	933-8405	
Name o	of Contact Person	Area Cod	le & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment of State:	
☐ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 phassee, FL 32314	Amenda Division The Ce	Address ment Section n of Corporations entre of Tallahassee 1. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ZTT1 **** 3! PH 1:00

Laredo's Meat Market Inc

P20000037830 (Document Number of Corporati	
(Document Number of Corporati	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Provision</i> Articles of Incorporation:	of the Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "company," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professio "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	- 1
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA
D. If amending the registered agent and/or registered office address in Flo	rida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
(Florida street address)	
New Registered Office Address: (City)	, Florida (Lip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and ac	cept the obligations of the position.
Signature of New Registered	Igent, if changing

Check if applicable

☐ 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, 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: 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) Change	VP	Olvin Ortiz	154 Choctaw Dr
Add			Havana, FL 32333
x Remove			
2) Change	AMR	Magali Andrade	154 Choctaw Dr
Add			Havana, FL 32333
X Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If amending or add</u> (Attach <i>additional sh</i>	ing additional Artic neets, if necessary).	les, enter change (Be specific)	(s) here:		
	Α				
<u> </u>			<u> </u>	-	

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				-	
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. <u>If an amendment p</u>	rovides for an excha	inge, reclassificat	ion, or cancellati	on of issued shares.	•
provisions for imp	lementing the amen ble, indicate N/A)	dment if not con	tained in the ame	ndment itself:	
	A				
					
		 			
		 ,			
<u> </u>		.			
					<u> </u>

•

	08/31/2020	
The date of each amendment(s)	adoption:	, if other than t
date this document was signed.		
0	3/31/2020	
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	block does not meet the applicable statutory filing requirements, this d Department of State's records.	ate will not be listed as t
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a action was not required.	adopted by the incorporators, or board of directors without shareholder act	ion and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	i(s)
	approved by the shareholders through voting groups. The following statem for each voting group entitled to vote separately on the amendment(s):	rent
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	"	
•	(voting group)	
08/31/20	20	
Dated	20	
Signature	2 Inhwal	
	director, president or other officer - if directors or officers have not been	
	tted, by an incorporator – if in the hands of a receiver, trustee, or other cou	
	inted fiduciary by that fiduciary)	
••	Beatriz Saldivar	
	Death Zaidival	<u></u>
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	