

P24000064067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

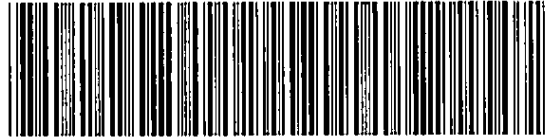
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600439214556

Amend

FILED
2024 NOV -7 AM 9:53
CLERK OF COURT
JANIS L. HARRIS

RECEIVED
2024 NOV -7 PM 2:42
CLERK OF COURT
JANIS L. HARRIS

A. RAMSEY

NOV 13 2024



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 8, 2024

SUNSHINE STATE CORPORATE COMPLIANCE COMPANY

TALLAHASSEE, FL 32312

SUBJECT: VICKY BAKERY XX, INC.
Ref. Number: P24000064067

CORRECTED
Please Allow For
Same File Date

We have received your document for VICKY BAKERY XX, INC. and the authorization to debit your account in the amount of \$. However, the document has not been filed and is being returned for the following:

The current name of the entity is as referenced above. Please correct your document accordingly.

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.

Annette Ramsey
OPS

Letter Number: 624A00024621

RECEIVED
2024 NOV 12 AM 11:01
DIVISION OF STATE
TALLAHASSEE, FLORIDA

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 11/07/2024

****WALK IN****

ENTITY NAME VICKY BAKERY XX INC.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$35.00

ACCOUNT #: I20160000072

S. R. JAO

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: VICKY BAKERY XX INC.,

DOCUMENT NUMBER: _____

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

THOMAS G. SHERMAN

Name of Contact Person

THOMAS G. SHERMAN, P.A.

Firm/ Company

90 ALMERIA AVENUE

Address

CORAL GABLES, FL 33134

City/ State and Zip Code

Alex@vickybakery.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THOMAS G. SHERMAN at (305) 448-5898

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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|---|--|---|--|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

FILED

2024 NOV -7 AM 9: 53

VICKY BAKERY XX, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P24000064067

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, 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

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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 officer 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 PTD 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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>ALEJANDRO SANTIAGO</u>	<u>16730 NW 84TH CT</u>
<input type="checkbox"/> Add			<u>MIAMI LAKES, FL 33016</u>
<input type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	<u>VP</u>	<u>PEDRO CAO</u>	<u>15720 TURNBERRY DRIVE</u>
<input type="checkbox"/> Add			<u>MIAMI LAKES, FL 33014</u>
<input type="checkbox"/> Remove			<u>15930 DORNOCH ROUND</u>
3) <input checked="" type="checkbox"/> Change	<u>S</u>	<u>FERNANDO ORAMAS</u>	<u>MIAMI LAKES, FL 33014</u>
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>D</u>	<u>ELIZABETH SANTIAGO</u>	<u>16730 NW 84TH CT</u>
<input type="checkbox"/> Add			<u>MIAMI LAKES, FL 33016</u>
<input checked="" type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>D</u>	<u>AMY CAO</u>	<u>15720 TURNBERRY DRIVE</u>
<input type="checkbox"/> Add			<u>MIAMI LAKES, FL 33014</u>
<input checked="" type="checkbox"/> Remove			
6) <input type="checkbox"/> Change	<u>D</u>	<u>CARMEN ORAMAS</u>	<u>15930 DORNOCH ROUND</u>
<input type="checkbox"/> Add			<u>MIAMI LAKES, FL 33014</u>
<input checked="" type="checkbox"/> Remove			

[illegible]

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

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 filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ 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 _____."
(voting group)

NOVEMBER 6, 2024
Dated _____

Signed by: _____
Signature Alejandro Santiago
(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)

ALEJANDRO SANTIAGO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)