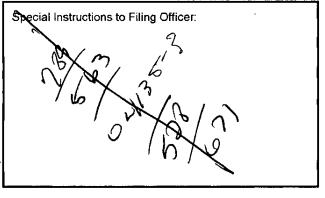
P94000056355

tı	
	(Requestor's Name)
	-
	(Address)
	(Address)
	((1886)
	(City/State/Zip/Phone #)
PICK-UI	P WAIT MAIL
	(Business Entity Name) .
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:



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COVER LETTER

' TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations		
NAME OF CORPORATION: PASTE	UR ENTERI	PRISES INC.
DOCUMENT NUMBER: <i>P 940000 5</i>	6355	
The enclosed Articles of Amendment and fee are s	submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
LUPSON P	ASTEUR of Contact Person	
PASTEUR F	ENTERPRISE irm/Company	<u>s, INC</u> .
14534 W.DIXI	E HWY Address	
N. MIAMI,	F_{1} 33/6 State and Zip Code	
LUPSON 2005(E-mail address: (to be used fo	Tattoo Conf r future annual report notification)	
For further information concerning this matter, ple	ase call:	
Lupson PASTEUR Name of Contact Person	at (<u>305</u>) <u>949</u> - Area Code & Daytime Tel	ephone Number
Enclosed is a check for the following amount made	e payable to the Florida Depar	tment of State:
\$\square \text{\$\square}\$35 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 Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations	

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle



January 7, 2010

LUPSON PASTEUR 14534 W. DIXIE HWY N. MIAMI, FL 33161

SUBJECT: PASTEUR ENTERPRISES, INC.

Ref. Number: P94000056355

We have received your document for PASTEUR ENTERPRISES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please check only one box.

Please list the title(s) of each officer in your document.

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) 245-6916.

Letter Number: 810A00000441

Carol Mustain Regulatory Specialist II

Articles of Amendment to Articles of Incorporation of

PASTEUR ENTER	PR	15E	ES /	INC	· 		
(Name of Corporation as currently filed	l with th	e Florid	la Dept. o	f State)			
P 9400056353	5						
(Document Number of Cor	orporation	n (if kno	own)				
Pursuant to the provisions of section 607.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes	s, this F	lorida Pro	ofit Cor	rporation	adopts	the followin
A. If amending name, enter the new name of the corpo	oration:	Ĺ					
N/A						Th	ie new
name must be distinguishable and contain the word abbreviation "Corp.," "Inc.," or Co.," or the designation ame must contain the word "chartered," "professional a	ion "Cor	p," "Inc	c," or "Co	o". A p	professio	orated"	or the
3. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE)	_		N/H	7	•		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- - -		<i>N/,</i>	'A	2	LLANASSEE, FLORIDA	O JAN IS AND IS
D. If amending the registered agent and/or registered onew registered agent and/or the new registered office			n Florida	, enter	the name	e of the	
	A (<u> </u>					
Name of New Registered Agent:	_N_/.	/ //	<u></u>				
New Registered Office Address:	(Florida	a street d	address)				
				, 1	Florida_		
((City)			(Zip C	ode)		
New Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I an			and accept	t the obl	ligations	of the po.	sition.

Signature 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>VP</u>	FRANCK BERNARD	14534 WEST DIX HWY NIMIAH F1. 33161	(/€□ Add // □ Remove
OFFICER	LOUIZETTE MOISE	5 NE 130 STREE N. MIAMI FI. 33161	Add Remove
OFFICER	YVES PASTEUR	14534 WEST DX HWY NIMIAMIF/3	/E □ Add _ □ Remove 3/6/
	ing or adding additional Articles, enter ditional sheets, if necessary). (Be specified)		
provision	endment provides for an exchange, reclus for implementing the amendment if not applicable, indicate N/A)		

The date of each amendment(adoption: $12/29/69$
	(date of adoption is required)
Effective date <u>if applicable</u> :	no more than 90 Àays after amendment file date)
Adortion of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e 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):
"The number of votes c	st for the amendment(s) was/were sufficient for approval
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
,	voting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated/&	129/109
Signature (One was Sund
(By a select	director president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	LUPSON PASTEUR (Typed or printed name of person signing)
	PRESIDENT (Title of person signing)