P99000077678

(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



500109198225

09/18/07--01052--006 ***35.00

O7 SEP 18 PHIZ: 57
SECRETARY OF STATE

Ora, 2,01

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF C	ORPORATION: Half Brother	Grocery, Inc.	
DOCUMENT	NUMBER: <u>P99000077678</u>		
The enclosed 2	Articles of Amendment and fee a	re submitted for filing.	
Please return a	all correspondence concerning thi	s matter to the following:	
•	Juan E. Valdes, Esq.		
	(Name o	of Contact Person)	
	Juan E. Valdes, Attorney at	Law	
	(Fir	m/ Company)	
	4160 W. 16th Ave., Suite 402		
		(Address)	
	Hialeah, FL 33012		
	•	tate and Zip Code)	
For further inf	formation concerning this matter,	please call:	·.)
Juan E. Valde		at (<u>305</u>) 825-198	
((Name of Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a	check for the following amount:		
☑ \$35 Filing Fee	E	□\$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 P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	cle

Articles of Amendment Articles of Incorporation of

Half Brother Grocery Inc.

(Name of corporation as currently filed with the Florida Dept. of State)			
P99000077678			
(Document number of corporation (if known)	_		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Co</i> adopts the following amendment(s) to its Articles of Incorporation:	rporati	on	
NEW CORPORATE NAME (if changing):			
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," (A professional corporation must contain the word "chartered", "professional association," or the abbrev	or "Co.'	") '.A.")	
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)	Numb	32 LG	•
Article IV- Registered Agent	HAS	- D	
Cynthia M. Polanco- 1872 Miami Drive, North Miami Beach, FL 33162	RY OF STU SEE, FLO	18 PM 12:	
Article V- Officers	RIDA	9 7	
Cynthia M. Polanco- President, Secretary, Treasurer and Director			
1872 Miami Drive, North Miami Beach, FL 33162			
(Attach additional pages if necessary)			
If an amendment provides for exchange, reclassification, or cancellation of issued share for implementing the amendment if not contained in the amendment itself: (if not application)			
		_	

(continued)

•	•	*****

The date of each amendment(s) adoption:
Effective date if applicable: (no more than 90 days after amendment file date)
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (<u>CHECK ONE</u>)
The amendment(s) was/were approved 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)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signature (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)
Cynthia M. Polanco
(Typed or printed name of person signing)
President
(Title of person signing)

FILING FEE: \$35