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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: COLOMBIAN D	STRIBUTIONS, INC.		
DOCUMENT NUMB	000000002551			
The enclosed Articles of	f Amendment and fee are se	ibmitted for filing.		
Please return all corresp	ondence concerning this ma	atter to the following:		
,	loseph Villate			
-		Name of Contact Person	n	
	Joseph Villate CPA			
-		Firm/ Company		
:	250 Catalonia Avenue, STE	506		
-		Address		
1	Coral Gables, FL 33134			
-		City/ State and Zip Cod	e	
Villate	cpa@bellsouth.net			
***************************************	**	sed for future annual report	notification)	
For further information	concerning this matter, plea	se call:		
Joseph Villate CPA		3/15	5.11 .171.1	
Name of Contact Person		at (		
Name o	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)	
	ng Address		Address	
	idment Section	Amendment Section		
	ion of Corporations 3ox 6327	Division of Corporations Clitton Building		
	nassee, F1, 32314		xecutive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment

to

## Articles of Incorporation

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	of			
COLOMBIAN DISTRIBUTIONS, INC.		%£ %		
(Name of Corporati	ion as currently filed wit	h the Florida Der	it. of State)	
P99000093551				
(Docum	ment Number of Corporati	on (if known)		
Pursuant to the provisions of section 607,1006, Floridatis Articles of Incorporation:	a Statutes, this <i>Florida Pr</i>	rofit Corporation :	adopts the fol	towing amendmentts
A. If amending name, enter the new name of the co	erporation:			
				The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Inc," or "Co". A p	pany," or "incorp professional corpo	porated" or a	the abbreviation must contain the
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADI</u>				
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>			
D 15	and affine address in Ele	wide onton the m	uma of tha	
D. If amending the registered agent and/or registered new registered agent and/or the new registered	red office address in Fio office address:	riaa, enter the na	me or the	
Name of New Registered Agent				
Name of New Registered Agent		,		<del></del>
	(Florida street address			<del></del>
	17 100 100 100 100 100 100 100 100 100 1	•		
New Registered Office Address:	(City)		Florida	(Zip Code)
New Registered Agent's Signature, if changing Reg				
I hereby accept the appointment as registered agent.	Tam Jamunar with and a	ссері іне овидана	ns of the posi	nm.
Sign	nature of New Registered .	Agent, if changing	<del></del>	

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 tetter 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.

E <b>vample:</b> <u>X</u> Change	<u> 171</u>	<u>John Doe</u>	
$\underline{X}$ Remove	<u>Y</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	P	CLAUDIA P LOPEZ	749 NW 37TH A VENUE
Add			MIAMI, FL 33125
X Remove			
2) Change			
Add			
Remove			
3 ) Change		<del>-</del>	
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change		_	_
Add			
Remove			
6) Change			
Add			
Remove			

ich additional sheets,	if necessary). (Be specific)			
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amandmant pravid	es for an exchange, reclassificat	ion or appeallution of being	d chara	
<u>visions for implemen</u>	nting the amendment if not cont	ained in the amendment its	elf:	
(if not applicable, in	dicate N <sub>C</sub> A)			
	H 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			
	<del></del>	<del></del>		<del></del>
			·	

The date of each amendment(s) adoption:
07/24/17 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 shareholders. The number of votes east 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.
Dated
(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)
Jose M Montoya
(Typed or printed name of person signing)
President
(Title of person signing)