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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Brickell Food Products Inc.		
DOCUMENT NUMBER: S60379		
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Gerardo A. Vazavez Name of Contact Person 1 Vazavez E A SSUC Firm/Company		
601 Bickell Key Dr #702		
City/ State and Zip Code CAC GUCZOUCZ. (OM E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call: College		
\$35 Filing Fee \$\begin{array}{c} \$43.75 Filing Fee &		
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 Circle Tallahassee, FL 32301		

Articles of Amendment to

Articles of Incorporation

of

Sickell Food F	Products. 1	nc .	
(Name of Corporation as curre	ntly filed with the Floric	la Dept. of State)	
S 663	79		
(Document Numl	ber of Corporation (if kno	own)	
Pursuant to the provisions of section 607.1006.	, Florida Statutes, this <i>F</i>	lorida Profit Corporation	adopts the following
amendment(s) to its Articles of Incorporation:			
A. If amending name, enter the new name of	the corporation:		
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the contain the word "chartered," "professional"	designation "Corp," "Inc	c," or "Co". A profession	
B. Enter new principal office address, if appli	icable	·	
(Principal office address MUST BE A STREET			1 5
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC D. If amending the registered agent and/or re	gistered office address i	n Florida, enter the name	AN IO: 23
new registered agent and/or the new regist	ered office address:		
Name of New Registered Agent:			
New Registered Office Address:	(Florida street d	address)	
_		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	ent. I am familiar with a		of the position.
Sig	gnature of New Registered	d 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>	Name	Address	Type of Action
<u>085</u>	Cobran, Commercial	605 Brickell Keyl Hiami, FL 3313	Add IL Remove
<u>095</u>	Joan L. Carvalho	605 Brickell Key Li. ami, FC. 33131	Add Remove
			_
	ding or adding additional Articles, enter dditional sheets, if necessary). (Be speci		
provisio	nendment provides for an exchange, recons for implementing the amendment if of applicable, indicate N/A)		

The date of each amendmen	it(s) adoption:	
	(date of adoption is required)	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.	
	ere approved by the shareholders through voting groups. The following statement ed 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)	
	(voting group)	
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder	
action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
Dated	25.10	
Signature	/ PDY)	
sel	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	DPS-	
(Title of person signing)		