

P/20000 48300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

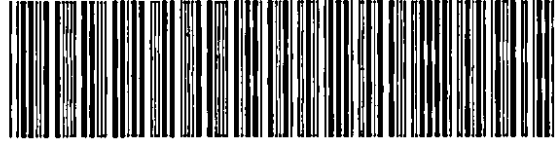
(Document Number)

Certified Copies _____ Certificates of Status _____

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11/04/19--01017--004 --\$35.00

2019 NOV 23 PM 2:58

11/23/19

C. C. ...

J. J. ...

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LA CAMPANA RESTAURANT
P12000048300
DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

YALINA CABELLO

Name of Contact Person

ASU GROUP LLC

Firm/ Company

15970 W STATE RD 84

Address

SUNRISE, FL 33326

City/ State and Zip Code

CONTACT@TESYSNETWORKS.NET

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

For further information concerning this matter, please call:

YALINA CABELLO

786

570 0938

at (_____) _____

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:

- \$35 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)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2019

YALINA CABELLO
15970 W STATE ROAD 84
SUNRISE, FL 33326

SUBJECT: LA CAMPANA RESTAURANT, INC
Ref. Number: P12000048300

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

The registered agent must sign accepting the designation.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 219A00024576

2019 DEC 23 PM 1:55



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 11, 2019

YALINA CABELLO ***2ND MAILING***
15970 W STATE ROAD 84
SUITE 331
SUNRISE, FL 33326

SUBJECT: LA CAMPANA RESTAURANT, INC
Ref. Number: P12000048300

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

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Claretha Golden
Regulatory Specialist II

Letter Number: 219A00024576

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 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.

Example:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>PT</u>	<u>Ramon Tieves</u>	<u>9610 SW 8 ST</u>
<input type="checkbox"/> Add			<u>Miami, FL 33174</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>VPTS</u>	<u>Ramon Tienes</u>	<u>9610 SW 8 ST</u>
<input type="checkbox"/> Add			<u>Miami, FL 33174</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>PT</u>	<u>Yanelis Casanova</u>	<u>19210 W Oakmont Dr</u>
<input checked="" type="checkbox"/> Add			<u>Hialeah, FL 33015</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>VS</u>	<u>Orestes Crespo</u>	<u>19210 W Oakmont Dr</u>
<input checked="" type="checkbox"/> Add			<u>Hialeah, FL 33015</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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 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.

Dated 10/21/2019

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)

Yanelis Casanova
(Typed or printed name of person signing)

President
(Title of person signing)