## P150000 96793

| (Re                     | questor's Name   | ·)               |
|-------------------------|------------------|------------------|
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| (Cit                    | y/State/Zip/Pho  | ne #)            |
| PICK-UP                 | ☐ WAIT           | MAIL             |
| (Bu                     | siness Entity Na | ame)             |
| (Do                     | cument Numbe     | r)               |
| Certified Copies        | _ Certificate    | es of Status     |
|                         |                  | es of Status $V$ |
| Special Instructions to | Filing Officer:  |                  |
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AUG 24 2020 I ALBRITTON

## COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPOR            | ATION: ACGIN   | No Tropical   | inustments.  |
|---------------------------|--|---|--|
| DOCUMENT NUMBI            | er:P15(  | <u>000096793</u>  | )  |
| The enclosed Articles of  | f Amendment and fee are su                               | bmitted for filing.   |  |
| Please return all corresp | ondence concerning this ma                               | tter to the following:  |  |
| -                         |  | JOY LOU<br>Name of Contact Person                                       | <u>va</u>  |
| -                         | <u></u>  | Firm/ Company   | <u> pical Investments</u>  |
| -                         |  | 5012 14th<br>Address<br>Bradenton,                                      | n 50W<br>FL 34207  |
| -                         |  | City/ State and Zip Cod  Out to Might Cal  sed for future annual report | 2017 0 gmail. com  |
| For further information   | concerning this matter, pleas                            | se call:  |  |
| Name of                   | Contact Person   | TING at ( AU) Area Co   | de & Daytime Telephone Number  |
| Enclosed is a check for   | the following amount made                                | payable to the Florida Dep  | artment of State:  |
| S35 Filing Fee            | ☑\$43.75 Filing Fee &<br>Certificate of Status           | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)      | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Amer<br>Divis             | ing Address indment Section ion of Corporations Box 6327 | Amenc<br>Divisio  | Address  Iment Section on of Corporations entre of Tallahassee                       |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



August 9, 2020

JOEY LEYVA 5612 14TH STREET W BRADENTON, FL 34207

SUBJECT: ACAPULCO TROPICAL INVESTMENTS INC.

Ref. Number: P15000096793

We have received your document for ACAPULCO TROPICAL INVESTMENTS INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

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.

Letter Number: 820A00014958

Irene Albritton Regulatory Specialist II

www.sunbiz.org

## Articles of Amendment

to

## Articles of Incorporation of

| According Topocal   | Investments Inc   |
|---|---|
| (Name of Corporation as currently   | filed with the Florida Dept. of State)                        |
| P15 00  | 0096793   |
| (Document Number of C   | Corporation (if known)  |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fi</i> its Articles of Incorporation:   | orida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation:   |   |
|   | The new   |
| name must be distinguishable and contain the word "corporation," "co<br>"Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A<br>"chartered," "professional association," or the abbreviation "P.A" |   |
| B. Enter new principal office address, if applicable:   | <i>7</i> 6  |
| (Principal office address MUST BE A STREET ADDRESS)   | i cra   |
|   |   |
|   |   |
|   |   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | تئن   |
|   | -   |
|   | ω   |
|   |   |
| D. If amending the registered agent and/or registered office addre  | ec in Florida, anter the name of the                          |
| new registered agent and/or the new registered office address:  | 3 In Florida, Circle Inchaine of the                          |
| Name of New Registered Agent  |   |
| stane of Sen Registered Agent   |   |
| tFlorida stree  | tuel beauti   |
| irioriai siree  | Tara CS V   |
| New Registered Office Address:  | , Florida   |
| R   | ttyr (Zip Coder   |
|   |   |
| New Registered Agent's Signature, if changing Registered Agent:   |   |
| Thereby accept the appointment as registered agent. I am familiar with  | h and accept the obligations of the position.                 |
|   |   |
|   |   |
| e   | istered Agent, if changing                                    |
| Signature of New Reg  | метеа лует, у спануту   |
| Check if applicable   |   |
| The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e   | i. F.S.   |

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)

Example:

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.

| X Change                      | <u>PT</u>       | John Do  | <u>ıc</u>             |                  |
|-------------------------------|-----------------|----------|-----------------------|------------------|
| X Remove                      | $\underline{V}$ | Mike Jo  | nes                   |                  |
| X Add                         | <u>SV</u>       | Sally Sn | <u>nith</u>           |                  |
| Type of Action<br>(Check One) | <u>Title</u>    |          | Name                  | <u>Addres</u> s  |
| 1) Change                     | <u>16</u>       | _        | Romai F Hualga Mandra | 1 501) 1c/m/shw  |
| Add                           |                 |          |                       | Bradento, 234201 |
| Remove                        |                 |          | -                     |                  |
| 2) Change                     | <del> </del>    | _        |                       |                  |
| Add                           |                 |          |                       |                  |
| Remove 3 ) Change             |                 | _        |                       |                  |
| Add                           |                 |          |                       |                  |
| Remove                        |                 |          | -                     |                  |
| 4) Change                     |                 | _        |                       |                  |
| Add                           |                 |          |                       |                  |
| Remove                        |                 |          | -                     |                  |
| 5/ Change                     |                 |          |                       |                  |
| Add                           |                 |          |                       |                  |
| Remove                        |                 |          | -                     |                  |
| 6) Change                     | <u> </u>        | _        |                       |                  |
| Add                           |                 |          |                       |                  |
| Remove                        |                 |          |                       |                  |

| . If amending or adding additio<br>(Attach additional sheets, if nece                 |                     |       |                                       |                                   |
|---|---------------------|-------|---------------------------------------|-----------------------------------|
| Plea  | se ventu            | that  | homel F                               | Hutiqu                            |
|   | Mend                | ira d | us nut                                | Show as                           |
|   | Vρ                  | in Ar | ticles of 1                           | Mutigo<br>Show as<br>noorporation |
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|   |                     |       | · · · · · · · · · · · · · · · · · · · |                                   |
|   |                     |       |                                       |                                   |
| If an amendment provides for provisions for implementing (if not applicable, indicate | the amendment if no |       |                                       | <u>ares,</u>                      |
|   |                     |       |                                       | <del></del>                       |
|   |                     |       |                                       | <del></del>                       |
|   |                     |       |                                       |                                   |
|   |                     |       |                                       |                                   |
|   |                     |       |                                       |                                   |

.

| The date of each amendment(s) ado<br>date this document was signed.                 | option: 8/17/20   | , if other than the  |
|---|---|----------------------|
| Effective date <u>if applicable</u> :   |   |                      |
|   | (no more than 90 days after amendment file date)  |                      |
| Note: If the date inserted in this blo document's effective date on the Department. | ick does not meet the applicable statutory filing requirements, this date will artment of State's records.                                | not be listed as the |
| Adoption of Amendment(s)  | (CHECK ONE)   |                      |
| ☐ The amendment(s) was/were adopt action was not required.                          | ted by the incorporators, or board of directors without shareholder action and  | shareholder          |
| The amendment(s) was/were adopt<br>by the shareholders was/were suff                | ted by the shareholders. The number of votes cast for the amendment(s) licient for approval.  |                      |
|   | aved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s): |                      |
| "The number of votes east fo  | or the amendment(s) was/were sufficient for approval  | <b>∽</b>             |
| pi Nowell   | Holya mandera & Jey leyra Ouinto  | h                    |
| Dated   | 6)17/20   |                      |
| selected.   | by an incorporator — if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)                                | - <del>-</del>       |
| _   | Total lya Quintona  |                      |
|   | (Typed or printed name of person signing)   |                      |
|   | Cresident   |                      |
|   | (Title of person signing)   |                      |