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(Cir	y/State/Zip/Phone	≘#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ANTOJITOS VEN	VEZUELA, CORP	
DOCUMENT NUM	BER: P18000034952	•	
	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	itter to the following:	
	ANTOJITOS VENEZUELA	CORP	
		Name of Contact Person	n
	ANTOJITOS VENEZUELA	, CORP	
		Firm/ Company	
	303 NE 3RD AVE, Suite 4		
		Address	
	CAPE CORAL, FL 33909		
		City/ State and Zip Cod	e
antoj	itosvenezuela@gmail.com		
		sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
ANNY BARBOZA		at (<u>813</u>	966-9658
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	irtiment of State;
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□852.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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(Nama)	of Carroration as angene	selve filmet midde dem Elmeide	n Dunt of Ctutal
<u>(Same (</u> P18000034952	or Corporation as curren	itly filed with the Florida	a Dept. of State)
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:		•	
A. If amending name, enter the new na	me of the corporation:		
N/A			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional e	ncorporated" or the abbreviation
B. Enter new principal office address,	if annlicable:	N/A	
Principal office address MUST BE A S		N/A	
		N/A	≫ ∞
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N-A	FILE AHASS
		N/A	
		N/A	92.
	d/or registered office ad		he name of the
). If amending the registered agent an new registered agent and/or the new		33.	
new registered agent and/or the nev		53.	
	v registered office addre		
new registered agent and/or the nev	v registered office addre	strvet address)	
	v registered office addre		. Florida N/A

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:

 $P \neq President; V \neq Vice President; T \neq Treasurer; S \neq Secretary; D \neq Director; TR \neq Trustee; C \neq Chairman or Clerk; CEO \neq Chief Executive Officer; CFO \neq Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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: \underline{X} Change	<u>PT</u>	John Doc			
X Remove	$\underline{\mathbf{V}}$	Mike Jones			
X Add	<u>SV</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Nan	<u>ne</u>	Δ	ddress
1) Change	VP	_ ON	IA AZUAJE	15	08 EVEREST PKWY
Add				C.	APE CORAL, FL 33904
Remove					
2) Change				_	
Add					
Remove				_	
3.) Change				_	
Add				_	
Remove				_	
4) Change				_	
Add				_	
Remove					
51 Change					
Add					
Remove					
6) Change					
Add					
Remove					

. (Attach additional	adding additional Art il sheets, if necessary),	(Be specific)	gets) nere.			
Ñ/A						
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	···	· · · · · · · · · · · · · · · · · · ·		<u> </u>		
				<u></u>		
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F. If an amendmer	nt provides for an exch implementing the ame	iange, reclassific	ation, or cancella	ation of issued sh	<u>iares,</u>	
(if not appl	icable, indicate N/A)	nankut ir not co	manco in the ar	nendment usen.		
N/A						
			**** <u>*</u>			
···						
						
						
		,				

The date of each amendment(s	adoption:	, if other than the
date this document was signed.	ACTARER 20 2011	
Effective date <u>if applicable</u> :	OCTOBER 29,2018	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date we Department of State's records.	ill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes east for the amendment(s) e sufficient for approval.	
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
10/29/2	016	
DatedSignature	mun fust.	
(By sele	a director, president or other officer = if directors or officers have not been eted, by an incorporator = if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
	ANNY BARBOZA	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	