

Office Use Only



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Amend

NOV 1 6 2019 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: DON TITO'S RES	TAURANTS INC				
DOCUMENT NUMB	ER: P19000062240					
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.				
Please return all corresp	oondence concerning this ma	tter to the following:				
7	TITO S FREITAS					
_		Name of Contact Perso	on			
Ī	OON TITO'S RESTAURAN	TS INC				
-						
,	Firm/ Company					
-	654 N. SEMORAN BLVD					
		Address				
(ORLANDO, FL. 32807					
-		City/ State and Zip Coo	de			
titofrei	tas2@yahoo.com					
	E-mail address: (to be us	sed for future annual repor	t notification)			
		•				
For further information	concerning this matter, pleas	se call:				
TITO S. FREITAS		at (668-9367			
Name of	f Contact Person	Area Co	ode & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Dep	partment 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)			
Maili	ng Address	Street	Address			
Amer	idment Section	Amendment Section				
	ion of Corporations	Division of Corporations				
	Box 6327		n Building			
ı allal	hassee, FL 32314	2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

DON TITO'S RESTAURANTS INC

(Name	of Corporation as currer	itly filed with the Florid	la Dept. of State)
P19000062240			
	(Document Number	of Corporation (if knows	1)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	is Florida Profit Corpord	ation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
N/A			The new
name must be distinguishable and cor "Corp.," "Inc.," or Co" or the design word "chartered," "professional associated and the contract of th	nation "Corp," "Inc," or	"Co". A professional of	
B. Enter new principal office address,	if applicable:	N/A	
(Principal office address <u>MUST BE A S</u>		N/A	
		N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	2018
		N/A	
		N/A	<u>.</u> ن.
D. If amending the registered agent an new registered agent and/or the ne			the name of the
Name of New Registered Agent	N/A		ن ت
nume of new negatives Agent	N/A		
	(Florida :	street address)	
New Registered Office Address:	N/A		, Florida N/A .
		(City)	(Zip Code)
New Registered Agent's Signature, if of the Interest of the Agent's Registered Agent's Signature, if the Registered Agent'			igations of the position.
	N/ #	Registered Agent, if cha	
	Signature of New	Registered Agent, if cha	nging

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.

<u>PT</u>	John Do	<u>ec</u>	
<u>v</u>	Mike Jo	nes	
<u>sv</u>	Sally Sn	nith	
<u>Title</u>		Name	<u>Addres</u> s
TREA	_	VERSALLES FLORIDA LLC	1654 N. SEMORAN BLVD
			SUITE 142
			ORLANDO, FL, 32807
	_		
	_		
	_		
	_		
	<u>V</u> <u>SV</u> <u>Title</u>	Y Mike Jo SV Sally Sn Title	V Mike Jones SV Sally Smith Title Name

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) N/A

	10/21/2019	
The date of each amendment(s date this document was signed.) adoption:	, if other than the
	0/21/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date,	<u> </u>
	(no more than 90 days after amenament file date)	'
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirement Department of State's records.	s, this date will 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 cast for the ame sufficient for approval.	endment(s)
	approved by the shareholders through voting groups. The followin for each voting group entitled to vote separately on the amendment	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and s	hareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and sharel	nolder
10/21/2	019	
Dated	0	
Signature	Lust Freiter.	
	a director, president or other officer – if directors or officers have	not been
	etted, by an incorporator – if in the hands of a receiver, trustee, or c	other court
арр	ointed fiduciary by that fiduciary)	
	IVETT C. FREITAS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	