

P21 0000 80148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

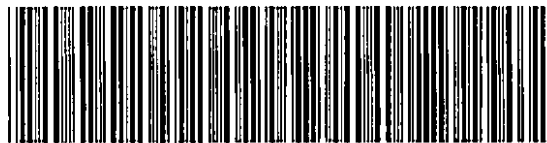
(Business Entity Name)

(Document Number)

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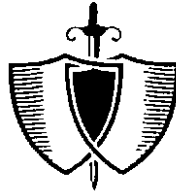
NIC amend

03/10/22--01010--004 \*\*43.75

2022 MAR 10 AM 8:59

FILED

A. RAMSEY  
MAR 24 2022  
A. RAMSEY



LOCKSHIELD  
— PARTNERS —

ACCOUNTING SERVICES

Florida Dept. of State  
Division of Corporations  
RE: Articles of Amendment for a Florida Profit Company  
Document Number: P21000080148  
Federal ID: 27-1716221

To Whom It May Concern

We are writing this cover letter in request of our client MJ's Family Restaurant DBA Mi Pueblo Mexican Restaurant. An article of incorporation for a Florida Profit Company for Mi Pueblo Restaurant Inc was filed on 09/09/2021 document number P21000080148. When filed, this should have been the DBA name and original name should have been MJ's Family Restaurant, Inc. This application includes a copy of the original filed articles and the amendment form for a Florida For Profit Corporation along with the \$43.75 fee due with filing the application. Please change the name to MJ's Family Restaurant, Inc.

Matt Flowers

A handwritten signature in black ink, appearing to read 'Matt Flowers', with a long horizontal flourish extending to the right.

Lockshield Partners Accounting Services  
501 West Main Street, Suite A  
Glasgow, KY 42141  
(270) 651-3013

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: MI PUEBLO RESTAURANT INC

DOCUMENT NUMBER: P21000080148

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

Please return all correspondence concerning this matter to the following:

MATT FLOWERS  
Name of Contact Person

LOCKSHIELD ACCOUNTING  
Firm/ Company

501 WEST MAIN STREET, SUITE A  
Address

GLASGOW, KY 42141  
City/ State and Zip Code

MATT@LOCKSHIELDPARTNERS.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MATT FLOWERS at ( 270 ) 651-3013  
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:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

MI PUEBLO RESTAURANT INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P210000S0148

(Document Number of Corporation (if known))

FILED  
2022 MAR 10 AM 8:59

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

MJ'S FAMILY RESTAURANT, INC

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

, Florida

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

**Check if applicable**

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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)*

*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:**

Change                      PT      John Doe

Remove                        V       Mike Jones

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	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<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			_____



03/03/2022

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

03/03/2022

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 incorporators, or board of directors without shareholder action and shareholder action was not required.
- 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)*

03/03/2022  
Dated \_\_\_\_\_

Signature Manuel Perez  
(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)

Manuel Perez  
(Typed or printed name of person signing)

Owner, Pres  
(Title of person signing)