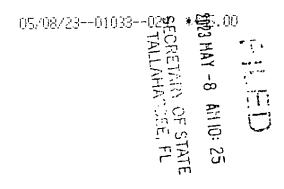
P0000014498

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	RATION: LA GRAN PARAI	DA DOMINICANA RESTA	AURANT INC		
DOCUMENT NUMI					
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	MARGARITA GONZALEZ				
		Name of Contact Persor)		
	JMGP MULTISERVICES IN	iC.			
		Firm/ Company			
	3181 NW 77TH ST APT 619	,			
		Address			
	MIAMI FLORIDA 33147				
		City/ State and Zip Code			
	MARIVAN1331@GMAIL.C	OM			
	E-mail address: (to be us	sed for future annual report	notification)	S 28	
				150 150 150 150	<u></u>
For further informatio	n concerning this matter, pleas	se call:		SECRETARY OF STATE TALLAHMSSEE, FL	-
MARGARITA GONZ	ZALEZ	305 at (7/50 A	-
Name	of Contact Person	Area Co	de & Daytime Telephone Nur	nber E C	
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	irtinent of State:	;: 25 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	iling Address endment Section ision of Corporations	Amend Divisio	Address Iment Section In of Corporations		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

of

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 \Box The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(Name o	of Corporation as current	lly filed with the Flor	rida Dept. of S <u>tate</u>)		
P00000014498					
	(Document Number	of Corporation (if kno	own)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	: Florida Profit Corpo	oration adopts the fe	ollowing amer	ndment(s)
A. If amending name, enter the new na	ame of the corporation:			The	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	lorp," "Inc," or "Co".	A professional corpe	porated" or the abb oration name must	reviation "Co	r p ''
B. Enter new principal office address, (Principal office address MUST BE A S		N/A			
C. Enter new mailing address, if applia (Mailing address MAY BE A POST) D. If amending the registered agent and new registered agent and/or the new	OFFICE BOX) id/or registered office add		er the name of the	J.F.C	2023
Name of New Registered Agent	N/A			ALLAH ALLAH	2023 HAY -
	(Florida s	treet address)		- 2 20	∞ >
New Registered Office Address:		(City)	, Florida_	Zin Code	AM 10; 2
		,		, THE	55
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Ager ered agent. I am familian	it: with and accept the e	obligations of the po	sition.	
	Signature of New	Registered Agent, if c	hanging	<u> </u>	
Check if applicable					

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 Doc 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	\underline{PT}	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P-T	ROCIO ZORRILLA SOQUIER	3545 NW 82ND ST
Add			MIAMI FLORIDA 33147
Remove 2) Change	PVT	SANTA M SOQUIER - 100% SHAR	615 E 29TH ST
X Add			HIALEAH FL 33013
Remove 3) Remove			SECRET
Add			CRETAR
Remove 4) Change			SSF B
Add			77 23
Remove			LU
5) Change			
Add Remove			
6) Change			
Add			
Remove			

	MAY 8.2023	
The date of each amendment(s) adopt	tion:	, 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 document's effective date on the Depart	does not meet the applicable statutory filing requirements, this datement of State's records.	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted action was not required.	d by the incorporators, or board of directors without shareholder actic	on and shareholder
The amendment(s) was/were adopted by the shareholders was/were suffice	d by the shareholders. The number of votes east for the amendment(sient for approval.	5)
	ed by the shareholders through voting groups. The following stateme h voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
bv		
•	(voting group)	
Dated Signature	Town Co	2023 MAY SECRET
selected, by	or president or other officer – if directors or officers have not been a mineorporator – if in the hands of a receiver, trustee, or other counductary by that fiduciary)	1 1
R()	CIO ZORRILLA SOQUIER	AMIO. SSEE.
_	(Typed or printed name of person signing)	25 TAT FL
PR	ESIDENT-TREASURER	ni -
_	(Title of person signing)	