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SECRETARY OF STATE
TALLARASSEE, FLORIDA

NOV 2 2 2016 C. CARROTHERS

## **COVER LETTER**

Division of Corpora	ations
NAME OF CORPORA	ATION: EL TENAMPA MEXICAN Restaurant F
DOCUMENT NUMBE	ER: 105000105004
The enclosed Articles of	f Amendment and fee are submitted for filing.
Please return all corresp	ondence concerning this matter to the following:
-	Name of Contact Person
	Accounting Part S=Ruices we Firm/ Company
_	Firm/ Company
	POBUX 1130  Address  OCOCC FL 34761  City/ State and Zip Code
_	Address
	OLOEC FL 34761
_	City/ State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information	concerning this matter, please call:
T-Ruiz	at (407) 656-3873  Area Code & Daytime Telephone Number
Name of	f Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for	the following amount made payable to the Florida Department of State:
\$35 Filing Fee	□\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)

TO: Amendment Section

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to

Articles of Inc	. =		
FL TENAMPA MEXICA	_	ŧ	
(Name of Corporation as current	ly filed with the Florida Dept. of State)		
705000105004		SEG	2015
(Document Number o	of Corporation (if known)	3.7	- N
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the follow	wing afficendn	nem(s) to
A. If amending name, enter the new name of the corporation:		FOTATOR	S C
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name mu "P.A."	ist contain ti	he
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	4563 West Irlo Brows Kissimmer, FL	эл Мета 3474 <u>k</u>	31191 H
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4563 West Irlo BRONSON KTSS; MMCE, FL 31	4 Memor 4746	191 Hu
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address  Name of New Registered Agent			-
(Florida st	reet address)	<del></del>	
New Registered Office Address:	, Florida (City)	Lip Code)	<b>,-</b> -
Now Desirtand Agently Signature if shanging Degistered Agent	<b>*</b>		

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

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: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change		/	<u> </u>
Add			
Remove			
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Add			
Remove			
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6) Change		_ /	
Add			
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amending or adding add ttach additional sheets, if n	tional Article ecessary). (	s, enter chang Be specific)	<u>ze(s) here</u> :			
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an amendment provides provisions for implement (if not applicable, indi	for an exchaning the amend cate N/A)	nge, reclassific	eation, or canc ontained in the	cellation of iss e amendment	ued shares, itself:	
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The date of each amendment(s) adoption: 11/14/2016	, if other than the
date this document was signed.	
Effective date if applicable: ///14/2016  (no more than 90 days after amenda	
(no more than 90 days after amendn	ent file date)
Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes can by the shareholders was/were sufficient for approval.	st for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups.  must be separately provided for each voting group entitled to vote separately on the	
"The number of votes cast for the amendment(s) was/were sufficient for appro-	oval
by(voting group)	.,,
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	action and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action was not required.	on and shareholder
Dated 11/14/16	
Daicu	
Signature	
(By a director, president or other officer - if directors or o	officers have not been
selected, by an incorporator - if in the hands of a receiver	
appointed fiduciary by that fiduciary)	
Jorge barcia	
(Typed or printed name of person sign	ing)
PRES; dent	
(Title of person signing)	