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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: CARNICERIA LO	OS PAISAS & DELI MARI	KET CORP.			
DOCUMENT NUME	BER:					
	of Amendment and fee are su	ibmitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:				
	AMANDA JARAMILLO					
		Name of Contact Person	n			
	J.A. ACCOUNTING SERVICES INC					
	· · · · · · · · · · · · · · · · · · ·	Firm/ Company				
	8249 NW 36 ST SUITE # 20	99-A				
		Address				
	DORAL, FL 33166					
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Cod	e			
aman	dajara@hotmail.com					
	- •	sed for future annual report	notification)			
For further information	n concerning this matter, pleas	se cali:				
Nine	of Contact Person	at () de & Daytime Telephone Number			
Name (of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:			
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$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 Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

CARNICERIA LOS PAISAS & DELI MARKET CORP.	
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P05000128848	2619 AUS 26 P 5: 22
(Document Number of Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	f Corporation (if known) \$EGRETARY OF TWO
A. If amending name, enter the new name of the corporation:	
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 must contain the
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 add new registered agent and/or the new registered office address	
Name of New Registered Agent	
	reet address)
New Registered Office Address:	(City) (Zin Code)
	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent	:
I hereby accept the appointment as registered agent. I am familiar	

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)

Remove

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.

X Change <u>PT</u> John Doe X Remove V Mike Jones <u>X</u> Add SVSally Smith Type of Action Title Name Address (Check One) VP **BLANCA I DUQUE 50%** 11954 NW 24TH STREET 1) ____ Change CORAL SPRINGS, FL 33065 ____ Add Remove JONNY GUERRERO 6% 14120 SW 166 TERR. 2) X Change MIAMI FL 33173 ____ Add ____ Remove 3) X Change VΡ JAVIER DE JESUS, GUERRERO 47 14120 SW 166 TERR. MIAMI, FL 32177 ___ Add Remove 4) X Change MARIA L GIRALDO 47% 14120 SW 166 TERR. MIAMI, FL 32177 ___ Add __ Remove 5) ____ Change ___ Add __ Remove 6) ____ Change ____ Add

Attach additiona	ndding additional Art I sheets, if necessary).	(Be specific)	-			
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				<u>-</u>		
<u>provisions for i</u>	t provides for an exclumplementing the ame cable, indicate N/A)	nange, reclassific endment if not co	ation, or cancella ntained in the am	tion of issued sha lendment itself:	res,	
						_
						
	.		· · ·			

AUGUST 19, 2019	
The date of each amendment(s) adoption:	, if other than
Effective date if applicable:	
Effective date <u>if applicable</u> : (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 wildocument's effective date on the Department of State's records.	I not be listed as
Adoption of Amendment(s) (CHECK ONE)	
☐ 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)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
AUGUST 19, 2019	
Signature / Signature	
(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 tiduciary by that fiduciary)	
JONNY GUERRERO	
(Typed or printed name of person signing)	
PRESIDENT	

the

the

(Title of person signing)