P05000 142022

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Sabores Latinos Co	mpany, Inc.	
	IBER: P05000142022		
	s of Amendment and fee are sub	omitted for filing.	
Please return all corr	espondence concerning this mat	ter to the following:	
	Carlos H Gallego		
		Name of Contact Persor	1
	Sabores Latinos Company, In-	c.	
		Firm/ Company	
	15488 SW Warfield Blvd		
	-	Address	
	Indiantown, FL 34956		
		City/ State and Zip Code	2
	indiantownservices@hotmail.	com	
	•	ed for future annual report	notification)
For further informati Carlos H Gallego	on concerning this matter, pleas	e call: at (5467048
Name	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check t	for the following amount made p	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ailing Address nendment Section		Address ment Section
Division of Corporations			n of Corporations
	D. Box 6327 Hahassee, FL 32314		entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

SABORES LATINOS COMPANY, INC.	20201 12	F': 12: 13
(Name of Corporation as curren	tly filed with the Florida De	ept. of State)
P05000142022		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation	adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A	A professional corporation	ed" or the abbreviation "Corp.," n name must contain the word
	N/A	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
C. Enter new mailing address, if applicable:	- 14 -	
(Mailing address MAY BE A POST OFFICE BOX)	N/A 	
		
D. If amending the registered agent and/or registered office ac	dress in Florida, enter the	name of the
new registered agent and/or the new registered office addre	<u>ss:</u>	
Name of New Registered Agent	<u> </u>	
(Florida	street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
N	nt.	
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familio	r with and accept the obliga	tions 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	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	V	ADRIANA M GUTIERREZ	2001 SW Beekman St.
X Add			Port Saint Lucie, FL 34953
Remove			_
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If am</u> (Attac	nending or adding additional Articles, enter change(s) here: The additional sheets, if necessary). (Be specific)
N/A	maumonal sheets, if heecisary). (De specific)
-	
F. <u>If an</u>	amendment provides for an exchange, reclassification, or cancellation of issued shares,
pro	visions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
NIIA	(ij noi applicable, maicale 1874)
N/A	
	

	02/28/2020
	adoption:, if other than
date this document was signed.	
	28/2020
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(no more than 90 days after amenament fite date)
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, this date will not be listed as Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	Iopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	,·•
· · · · · · · · · · · · · · · · · · ·	(voting group)
Dated	
Signature	director, president or other officer – if directors or officers have not been
(By a	director, president or other officer – it directors or officers have not been
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court
appo	nted fiduciary by that fiduciary)
	Carlos H Gallego
	(Typed or printed name of person signing)
	President
	(Title of person signing)