P06000126382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL
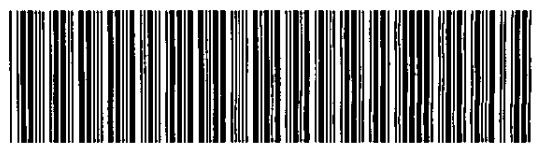
(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 18, 2015

Amanda Jaramillo
J.A. Accounting Services Inc
8906 W. Flagler St. #219
Miami, FL 33174

SUBJECT: TONY PARRILLADA CORPORATION
Ref. Number: P06000126382

We have received your document for TONY PARRILLADA CORPORATION, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for $35.00.

Please have Hector O. Martinez sign and print his name and title in the space provided at the bottom of page 4.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II   Letter Number: 215A00017392

TONY PARRILLADA CORPORATION

FILED

2015 AUG 26 PM 4: 37

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P06000126382

(Document Number of Corporation (if known))

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:

_____*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)

8906 NW 36 ST. SUITE 209A

DORAL, FL 33166

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: _____, Florida_____
                                   (City)   *(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

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	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ☐ Change ☑ Add ☐ Remove	P	CARLOS A WAITZEL	13480 NE 6TH AVE #112 North Miami, Fl 33161
2) ☐ Change ☑ Add ☐ Remove	VP	GERARDO NICOLAS WAIT.	13480 NE 6TH AVE #112 North Miami, Fl 33161
3) ☐ Change ☑ Add ☐ Remove	S	CHRISTIAN A WAITZEL	13480 NE 6TH AVE #112 North Miami, Fl 33161
4) ☐ Change ☐ Add ☑ Remove	P	HECTOR O MARTINEZ	1355 BIARRITZ DR. Miami Beach, Fl 33141
5) ☐ Change ☐ Add ☐ Remove			
6) ☐ Change ☐ Add ☐ Remove			

E. If amending or adding additional Articles, enter change(s) here:
(Attach *additional sheets, if necessary).* *(Be specific)*

_____

_____

_____

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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

_____

_____

_____

_____

_____

_____

_____

_____

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

Effective date if applicable: _____

(no more than 90 days after amendment file date)

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
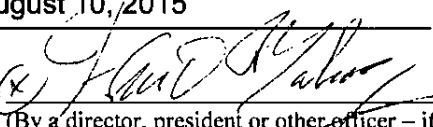must be separately provided for each voting group entitled to vote separately on the amendment(s):*

   "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.

Dated **August 10, 2015**

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 fiduciary by that fiduciary)

Hector O Martinez
(Typed or printed name of person signing)

P.
(Title of person signing)