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(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
. (B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	





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## COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Pepe's Haciendal Restautant CORP DOCUMENT NUMBER: P07000 64504
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person  DAVILA TORRES PA.  Firm/Company  911 N. MYIN ST. STE 5  Address
KISSIMMEE, FL 34744  City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LUIS DAVILA at 407, 933-0307
Name of 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 Certificate of Status    S43.75 Filing Fee Certified Copy (Additional copy is enclosed)   Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment Articles of Incorporation

## PEPE'S HACIENDA & RESTAURANT CORP. (Name of Corporation as currently filed with the Florida Dept. of State)

(3.44116.01.00.1)	
P070000	64504
	per of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation	<u>1:</u>
	The new
name must be distinguishable and contain the word "corpor" (Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," word "chartered," "professional association," or the abbreviation.	or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
	77.5
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
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 add	lress:
Name of New Registered Agent	
/Floria	la street address)
· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag	gent:
I hereby accept the appointment as registered agent. I am famil	liar with and accept the obligations of the position.
<del></del>	

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>	<u>John Do</u>	<u>oc</u>	
X Remove	$\underline{V}$	Mike Jo	<u>ones</u>	
X Add	<u>SV</u>	Sally St	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	PT	_	MARIA M. PERALTA	4
Add Remove				JACKSONVILLE, FL 32217
2) Change	PT	_	TEOFILOL. LOPEZ	12756 AVALOUCOVEDRIVE MORITH
_X_ Add				JACKSONVILLE, FZ 32224
Remove 3 ) Change Add	<u> </u>	_	EMNIZZA LOPEZ	JACKSONVILLE, PL 32024
Remove 4) Change Add		_		
Remove				
5) Change Add		-		
Remove				
6) Change Add		-	<del></del>	
Remove				

attach additional sheets, if necessary).	icles, enter change(s) here:  (Be specific)
· · · · · · · · · · · · · · · · · · ·	
<u> </u>	
an amandment provides for an eyeh	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

	(no more than 90) days after amenament file date)
Note: If the date inserted in this bloc document's effective date on the Depar	k does not meet the applicable statutory filing requirements, this date will not be listed as the tment of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
☐ The amendment(s) was/were adopte by the shareholders was/were suffice	d by the shareholders. The number of votes cast for the amendment(s) ient for approval.
☐ The amendment(s) was/were approx must be separately provided for each	red by the shareholders through voting groups. The following statement the 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	, <sup></sup> ,
	(voting group)
The amendment(s) was/were adopte action was not required.	d by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopte action was not required.	d by the incorporators without shareholder action and shareholder
Dated <b>{</b>	3/28/18
Signature Mair	a Mercial Peralla tor, president or other officer - if directors or officers have not been
selected, b	y an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
	MARIA MENCEUL, PENALTA
	(Typed or printed name of person signing)

President
(Title of person signing)