P07000014504

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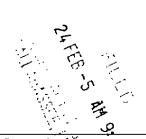
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PEPES HACIENI	DA & RESTAURANT COL	RP.		
DOCUMENT NUM	1BER: P07000064504				
The enclosed Article	es of Amendment and fee are su	bmitted for filing.			
Please return all corr	respondence concerning this ma	tter to the following:			
	ALFREDO MERCADO				
		Name of Contact Person	······································		
	PRIME TAX SOLUTIONS LLC				
		Firm/ Company			
	50 N LAURA ST STE 2500	, in a company			
	Address				
	JACKSONVILLE, FL 3220	2			
		City/ State and Zip Code	ે		
	FREDO@PRIMETAXJAX.	COM			
	E-mail address: (to be us	sed for future annual report	notification)		
For further informat ALFREDO MERC.	ion concerning this matter, plea	se call: 904 at (729-0372		
Name of Contact Person		Area Code & Daytime Telephone Number			
Enclosed is a check	for the following amount made	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)	☐\$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			Address Iment Section		
		Divisio	on of Corporations		
		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



PEPE'S HACIENDA & RESTAURANT CORP.

	<u> </u>
(Name of Corporation	on as currently filed with the Florida Dept. of State). O
P07000064504	
(Docume	ent Number of Corporation (if known)
	•
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the cor	rporation:
	The new
	rporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word station "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDI	
	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	<u> </u>
	
D. If amending the registered agent and/or registere	ad afficient delegación blasido, antes the name of the
new registered agent and/or the new registered o	

Name of New Registered Agent	
-	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis	
I hereby accept the appointment as registered agent. I	am familiar with and accept the obligations of the position.
	
Signal	ture of New Registered Agent, if changing
Check if applicable	

 \square The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doc 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>Jo</u>	<u>hn Doe</u>	
X Remove	<u>V</u> <u>M</u>	ike Jones	
<u>X</u> Add	<u>SV</u> <u>Sa</u>	illy Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>V</u>	EMNIZZA LOPEZ	3615 DUPONT AVENUE 900
Add	———		JACKSONVILLE, FL 32217
X Remove			
2) Change	· · · · · · · · · · · · · · · · · · ·		
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
-	
If an amendment provides for an exch	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)	
• • • • • • • • • • • • • • • • • • • •	

The date of each amendment(s date this document was signed.	s) adoption:	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date	1
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirement Department of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareh-	older action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the ame sufficient for approval.	endment(s)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendmen	ng statement nt/s):
"The number of votes (ast for the amendment(s) was/were sufficient for approval	
by		
	tyoting group)	
01/30/2 Dated	1024 Tai (ala 1) 2007	
Signature(Bv	a director, president or other officer if directors or officers have	not heen
sele	cted, by an incorporator – if in the hands of a receiver, trustee, or cointed fiduciary by that fiduciary)	
	TEOFILO L'LOPEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	