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(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ad	dress)	
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(Bu	ısiness Entity Naı	me)
(Do	ocument Number)	<u> </u>
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2021 OCT -8 PH 2: 42
SECRETARY OF STATE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: RESTAURANTE I	EL TROVADOR INC			
DOCUMENT NUMB	D000000014031				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma-	tter to the following:			
	Clara Rivadeneira				
		Name of Contact Persor	1		
	Rivadencira and Associates Inc				
		Firm/ Company			
	2742 SW 8 Street # 201	. ,			
		Address			
	Miami Florida 33135				
•		City/ State and Zip Code	2		
	rivagatenet@gmail.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
Clara Rivadeneira		at (305	6432248		
Name o	of Contact Person		de & Daytime Telephone Number		
Enclosed is a check for	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)		
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

	7071.OCT -8 PM 2: 42		
(<u>Name of Corporation as curre</u>	ently filed with the Florida Dept. of State)		
	SECRETARY OF STATE TALLAMASSINATE		
(Document Number	er of Corporation (if known)		
rsuant to the provisions of section 607.1006, Florida Statutes, t Articles of Incorporation:	his Florida Profit Corporation adopts the following amendmen		
If amending name, enter the new name of the corporation	<u>:</u>		
	The new		
	" "company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word A."		
Enter new principal office address, if applicable:	1530 -1532 NE 8TH STREET		
incipal office address MUST BE A STREET ADDRESS)	CAMPBELL DRIVE		
	HOMESTEAD FL 33022		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1528-1530-1532NE 8TH STREET		
···	CAMPBELL DRIVE		
· · · · · · · · · · · · · · · · · · ·	HOMESTED FL 33022		
If amending the registered agent and/or registered office and/or the new registered office add	HOMESTED FL 33022		
If amending the registered agent and/or registered office a	HOMESTED FL 33022		
If amending the registered agent and/or registered office and/or the new registered office additional Name of New Registered Agent	HOMESTED FL 33022		
If amending the registered agent and/or registered office and/or the new registered office additional Name of New Registered Agent	HOMESTED FL 33022 address in Florida, enter the name of the ress:		

Check if applicable

☐ 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 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 Do	<u>c</u>	
X Remove	<u>V</u>	Mike Jor	nes	
X Add	<u>\$V</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	sheets, if necessary)					
ONLY ADDED	A NEW SUITE NU	MBER.				
						
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an amenument	mplementing the an	change, reciassin nendment if not c	ontained in the	amendment itse	snares, lf:	
(if not appli	cable, indicate N/A)					
-	<u> </u>					
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The date of each amendment(s) adoption:	09-01-2021	, if other than the
date this document was signed.		
Effective date if applicable:	09-01-2021	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing requirements, this date t of State's records.	will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient f	the shareholders. The number of votes cast for the amendment(s) for approval.	
	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):	ı
"The number of votes cast for the ar	mendment(s) was/were sufficient for approval	
by		
	voting group)	
Dated	<u></u>	
Signature	fazaro Nunez resident or other officer – if directors or officers have not been	
(By a director, p	resident or other officer – if directors or officers have not been	
selected, by an i	incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduci	iary by that fiduciary)	
LAZAR	O NUNEZ	
	(Typed or printed name of person signing)	
PRESID	PENT	
	(Title of person signing)	