(Re	equestor's Name)			
(Address)				
(Ac	ddress)			
(Ci	ty/State/Zip/Phone #)			
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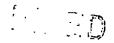
## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORI	PORATION: AMIGOS MEAT	MARKET INC	
DOCUMENT NU	D0000000000000000000000000000000000000		
The enclosed Artic	eles of Amendment and fee are su	domitted for filing.	
Please return all co	orrespondence concerning this ma	tter to the following:	
	JULISSA ROSADO		
		Name of Contact Persor	)
	DCM SERVICES CENTER	INC	
		Firm/ Company	
	2529 W BUSCH BLVD SUI	TE 1000	
	-	Address	
	TAMPA, FLORIDA 33618		
		City/ State and Zip Cod	<u> </u>
de	mservicescenter@gmail.com		
		sed for future annual report	notification)
For further informa	ntion concerning this matter, pleas	se call:	
JULISSA ROSAD	00	at ( <u>813</u>	990-8630
Nar	ne of Contact Person		de & Daytime Telephone Number
Enclosed is a check	k for the following amount made	payable to the Florida Depa	artiment 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 Fallahassee, FL 32314	Amend Divisio Clifton	Address Iment Section In of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



AMIGOS MEAT MARKET INC (Name of Corporation as currently filed with the Florida Dept. of State P09000026781 (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: 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) 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: (Cav) 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	<u>PT</u>	John Doc		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP		MAXIMO COLLADO	2902 MAGDALENEWOODS DR
Add				TAMPA, FLORIDA 33618
X Remove				
2) Change	VP	_	GISELA R COLLADO	2902 MAGDALENE WOOD DR
XAdd				TAMPA, FLORIA 33618
Remove				
3)Change		_	<del>_</del>	
Add				
Remove				
4) Change		_		
Add				
Remove				
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) THE 50%SHARES BELONGING TO MAXIMO COLLADO ARE TO BE TRANSFERED OVER TO GISELA R		
COLLADO EFFECTIVE DATE OF THIS CHANGE.		
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 <u>if applicable</u> :	
(no more than	90 days after amendment file date)
Note: If the date inserted in this block does not meet the appl document's effective date on the Department of State's records.	icable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	ne number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders the must be separately provided for each voting group entitled to	
"The number of votes cast for the amendment(s) was/we	ere sufficient for approval
bv	<u> </u>
by	
☐ The amendment(s) was/were adopted by the board of director action was not required.	s without shareholder action and shareholder
■ The amendment(s) was/were adopted by the incorporators will action was not required.	hout shareholder action and shareholder
07/25/2019	
Dated/	<del></del>
Signature K DMB Kim 70	Mob
(By a director, president or other of)	icer – if directors or officers have not been he hands of a receiver, trustee, or other court
MAXIMO COLLADO	
(Typed or printed	name of person signing)
VP	
(Title	of person signing)