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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: MARIA CAFETE	RIA, INC	
DOCUMENT NUME			· · ·
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	ISMAEL LEON .		
		Name of Contact Person	1
	MARIA CAFETERIA INC		_
		Firm/ Company	
	3082 NW 7TH ST		
		Address	
	MIAMI FL 33125		
		City/ State and Zip Code	2
For further information	n concerning this matter, pleas	sed for future annual report	notification)
ISMAEL LEON		at (786	5239805
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
\$35 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Eassee, FL 32301

Articles of Amendment to Articles of Incorporation

MARIA CAFETERIAJINC,			
(Name o	of Corporation as curr	rently filed with the Florida Dept. of State)	
P09000059643			
	(Document Numb	per of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes,	this Florida Profit Corporation adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new na	ime of the corporation	<u>ı:</u>	
			The new
	nation "Corp." "Inc."	ration." "company," or "incorporated" or or "Co". A professional corporation name ion "P.A."	the abbreviation
B. Enter new principal office address,			
(Principal office address MUST BE A S	TREET ADDRESS)		35 35 35 35 35 35 35 35 35 35 35 35 35 3
			2 2
			Trans.
C. Enter new mailing address, if appli			8 1
(Mailing address <u>MAY BE A POST</u>)	DFFICE BOX		3
			140 gr
			1 26 26
1) If amending the registered agent an	id/or registered office	address in Florida, enter the name of the	
new registered agent and/or the new			
Name of New Registered Agent	ISMAEL LEON		
	16121 SW 109 AVE	•	
	(Floria	la street address)	
Van Banistana I Office Chinase	МІАМІ	. Florida ³	3157
New Registered Office Address:		(City)	(Zip Code)
			•
New Registered Agent's Signature, if c		gent: liar with and accept the obligations of the po	sition
Thereby accept the dynamina di region	See ages in the see	into singularity and accept the obligations of the pos	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	mung		
	<u> </u>		
	Signature of N	ew 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 Doe			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s	
1) Change	PD	MARIA S ALA	ANIZ	16111 SW 109 AVE	
Add X Remove				MIAMI FL 33157	
2) Change	PD	ISMAEL LEO	N:	16121 SW 109 AVE	
X Add				MIAMLEL 33157	
Remove 3) Change					
Add					
Remove					
4) Change Add		****			
Remove					
5) Change				·	
Add Remove					
6) Change					
Add					
Remove					

	sheets, if necessary). (Be specific)			
					
					
					
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f an amendment	provides for an ex	change, reclassif	ication, or cancella	ition of issued sha <u>re</u>	s,
provisions for in	iplementing the ar	<u>mendment if not e</u>	contained in the an	nendment itself:	
	able, indicate N/A)	!			
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The date of each amendment date this document was signed		
Effective date <u>if applicable</u> :	07/01/2019	
лесцуе date <u>и арупсавіс</u> .	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this he Department of State's records.	date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	,
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment ere sufficient for approval.	u(s)
	re approved by the shareholders through voting groups. The following state ed for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	lder
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
07/03 Dated	/2019	
Signature <u>></u>	Sweet	
(I	By a director, president of other officer – if directors or officers have not be elected, by an incorporator – if in the hands of a receiver, trustee, or other of ppointed fiduciary by that fiduciary)	
	ISMAEL LEON	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	