709000079258

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COVER LETTER

T0: Amendment Section
Division of Corporations

NAME OF CORPORA	TION: ZACATECAS RES	STAURANTE Y TAQUER	IA, INC.
DOCUMENT NUMBE	R: P09000079258		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
		SANDY LOPEZ	
_		Name of Contact Person	n
	ZACATECAS RESTAURANTE Y TAQUERIA, INC.		
Firm/ Company			
		215 WEST MAIN STREE	ŗr
		Address	···
		IMMOKALEE, FL 3414	12
		City/ State and Zip Cod	e
		la-texana@live.com	
	E-mail address: (to be us	sed for future annual report	notification)
For further information of	concerning this matter, pleas	se call:	
	andy Lopez Contact Person	at (239	
			·
Enclosed is a check for t	he 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ZACATECAS RESTAURANTE Y TAQUERIA, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)			
P09000079258			
(Document Number of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	g amend	ment(s)	te
A. If amending name, enter the new name of the corporation:	A STATE I	2015 JUL	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the at "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must 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)	NA UM	-2 <u>-</u>	
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 Sandy Lopez	-		
671 12TH AVENUE NE (Florida street address)	-		
· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address: NAPLES , Florida 34120 (City) (Zip a	Code)	_	
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.			

Sandy fallow 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: <u>X</u> 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>	Name	Address
1) Change	<u>P</u>	CRECENSIO LOPEZ	671 12TH AVENUE NE
Add			NAPLES, FL 34120
X Remove			
2) X Change	<u>P</u>	SANDY LOPEZ	671 12TH AVENUE NE
Add			NAPLES, FL 34120
Remove			****
3) Change			<u> </u>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			- A
Remove			
6) Change			
Add			
Remove			

Attach <i>addi</i>	ng or adding additional Articles, enter change(s) here: Sitional sheets, if necessary). (Be specific)	
		
· · · · · ·		
	,	
 		
 		
provisions	dment provides for an exchange, reclassification, or cancellation of issued share s for implementing the amendment if not contained in the amendment itself: t applicable, indicate N/A)	<u>98.</u>
······································		······································

The date of each amendment(s) adoption:date this document was signed.	, if other than th
, , , , , , , , , , , , , , , , , , , ,	
Effective date <u>if applicable</u> :	mendment file date)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	filing requirements, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of vo by the shareholders was/were sufficient for approval.	otes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through voting grants are must be separately provided for each voting group entitled to vote separate.	
"The number of votes cast for the amendment(s) was/were sufficient for	or approval
by	.,,
The amendment(s) was/were adopted by the board of directors without share action was not required.	cholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without sharehold action was not required.	ler action and shareholder
Dated 06-12-2015 Signature Sandy Lone	7 /
(By a director, president of other officer fif directer selected, by an incorporator – if in the hands of a reappointed fiduciary by that fiduciary)	ofs or officers have not been eceiver, trustee, or other court
SANDY LOPEZ	<u>;</u>
(Typed or printed name of perso	on signing)
PRESIDENT	
(Title of person sign	ning)