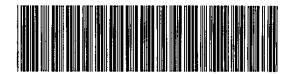
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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: LA CASA DEL CHEF VITA, INC. DOCUMENT NUMBER: P10000032011 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: NANCY SANCHEZ Name of Contact Person Firm/ Company 2702 SW 143 AVE Address MIAMI, FL 33175 City/ State and Zip Code CHEFVITAUSA@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee ■ \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

LA CASA DEL CHEF VI	TA, INC				
·	currently filed with the Flor	ida Dept. of State)	-		
P10000032011			-		
(Documer	it Number of Corporation (if k	nown)			
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Fl	orida Profit Corporation adopts the followin	g amendme	ent(s) t)
A. If amending name, enter the new na	me of the corporation:		TH		
N/A			ZZ The Qnew	5	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co	" "company," or "incorporated" or the a o". A professional corporation name must A."	bbreviation contain the	26	-
B. Enter new principal office address,	if applicable:	N/A		7	
(Principal office address MUST BE A S			- LONG	M 8: 10	
			- <u>Ş</u>	0	
			_		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)					
muning waress MAT BEAT OFF	OTTICE DOX		-		
			-		
			_		
D. If amending the registered agent an new registered agent and/or the new		s in Florida, enter the name of the			
	NANCY SANCHE	:7			
Name of New Registered Agent					
	2702 SW 143 AV				
N D : 100 (1)	MIAMI	, Florida 33175			
New Registered Office Address:	(City)	, Florida (Zip Code)	-		
Naw Bogistaned Agont's Signature if a	hanning Donistoned Ament.				
New Registered Agent's Signature, if c I hereby accept the appointment as regist		th and accept the obligations of the position.			
	Dauch				
Ci	anature of Nau Pacietared to	At if abanaina			

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	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	<u> Jones</u>	
X Add	SV Sally	· Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PT	RAUL M. SANCHEZ	2702 SW 143 AVE
Add			MIAMI, FL 33175
Remove			
2) Change	VICE	EDILBERTO L. SANTIAGO	850 SW 129 PL
Add			APT 202
Remove			MIAMI, FL 33184
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>additional sh</i>	eets, if necessary).	(Be specific)			
DNE					
	_				
				<u></u>	
					
If an amendment p	rovides for an ex	change, reclassifi	cation, or cancellat	tion of issued share	S.
provisions for imp	plementing the ar	nendment if not c	ontained in the am	endment itself:	_
(if not applica	ible, indicate N/A)				
ONE					
					
				_ _	
·					
		,			

The date of each amendment(s) adoption: 03/25/2015	, if other than the
date this document was signed.	
Effective date if applicable: 03/25/2015	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 03/25/2015 Signature (By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
RAUL M. SANCHEZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	