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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: +Me F DOCUMENT NUMBER: P 10007	1 Patron Mexican Grill & Courting in
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Albe	Name of Contact Person
	Firm/ Company 1GNWGY 90 HUO7 1 CHHO
	Address NNG FL 32446 City/ State and Zip Code
E-mail address: (to	197801 6 Mail. (oM) be used for future annual report notification)
For further information concerning this matter	, please call:
Alberto MUNDO Name of Contact Person	at (<u>850</u>) <u>6936//7</u> Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	made payable to the Florida Department of State:
\$35 Filing Fee S43.75 Filing Fe Certificate of Sta	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation

of [-1]	
The Fl Portron Mexican Grill- & Cantina Inc (Name of Corporation as currently filed with the Florid 2000 PH 3	,
(Name of Corporation as currently filed with the Florida Dep Del Source) Philosophia	
01	F 34
(Document Number of Corporation (if known) TALLAHASSEE,	ME
	·
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	g amendment(s) to
A. If amending name, enter the new name of the corporation:	
	_The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviatio "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain "chartered," "professional association," or the abbreviation "P.A."	n "Corp.," 1 the word
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
<u> </u>	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX) 3696 HIGHWAY 90	
Maylanna FZ 32214	6
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 HID CYD MIN (12	•
3614 HIGHWAY GO MAYICANNO FL. (Florida street address)	32446
Non-Registered Office Address: Florida	
New Registered Office Address:, Florida	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.	
THE	
Signature of New Registered Agent, if changing	-

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> <u>John</u>	<u>a Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sally	v Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
i) Change	<u> </u>	Alherto munoz	3414 HIGHWGY 90
X Add			Marianna F1-32446
Remove 2)		MUNOZ SONCHEZ JOSE-G:SX.	3626 HIGNWAY 90 Marianna FL 32496
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<u></u>	
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)			
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		<u> </u>		
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		11 - 42 42 2	.	
If an amendment provides for an excl	ange, reclassification, or	cancellation of issued s	<u>hares.</u>	
provisions for implementing the ame	ange, reclassification, or ndment if not contained i	cancellation of issued s	ihares, <u>[:</u>	
f an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or ndment if not contained i	cancellation of issued s the amendment itself	chares, <u>:</u>	
provisions for implementing the ame	ange, reclassification, or ndment if not contained i	cancellation of issued s the amendment itself	chares, <u>[:</u>	
provisions for implementing the ame	ange, reclassification, or ndment if not contained i	cancellation of issued s the amendment itself	chares, <u>f:</u>	
provisions for implementing the ame	ange, reclassification, or ndment if not contained i	cancellation of issued s	hares, <u>F:</u>	
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provisions for implementing the ame	ange, reclassification, or ndment if not contained i	cancellation of issued s	chares, <u>F:</u>	
If an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or ndment if not contained i	cancellation of issued s	chares,	
provisions for implementing the ame	ange, reclassification, or ndment if not contained i	cancellation of issued s	hares,	
provisions for implementing the ame	ange, reclassification, or ndment if not contained i	cancellation of issued s	hares,	

	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 document's effective date on the l	block does not meet the applicable statutory filing req Department of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors withou	t shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast fo sufficient for approval.	r the amendment(s)
	pproved by the shareholders through voting groups. The or each voting group entitled to vote separately on the ar	
"The number of votes ca	st for the amendment(s) was/were sufficient for approva	
by	(voting group)	•
	(voting group)	
Dated	2.20.9024	
Signature		
(By a selec	director, president or other officer – if directors or office ted, by an incorporator – if in the hands of a receiver, tru inted fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	025	