P11000021266

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SEQUETARY OF STATE
OFFICIAL OF CORPORATIONS

JUL 1 1 2016

C LEWIS

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: SABOR TROPICAL #4, INC. DOCUMENT NUMBER: P11000021266 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RAFAEL CASTRO Name of Contact Person SABOR TROPICAL #4, INC. Firm' Company 8000 NE 5TH AVENUE Address MIAMI, FL 33138 City/ State and Zip Code DOCUMENTS@IBSTAX.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RAFAEL CASTRO Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■\$43,75 Filing Fee & □\$52.50 Filing Fee ☐ \$35 Filing Fee □\$43.75 Filing Fee & Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

2016 JUL -5 AM 11: 13

SABOR TROPICAL #4, INC.	
(Name of Corporation as	currently filed with the Florida Dept, of State)
P11000021266	
(Document N	fumber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	ites, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	<u>Wion:</u>
N/A	The new
	rporation." "company," or "incorporated" or the abbreviation ic," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS	<u>(</u>)
	The state of the s
	4
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered of	
new registered agent and/or the new registered office	address;
Name of New Registered Agent N/A	
(I-	Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am J	A Agent: 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:

 $P \sim President; V \simeq Vice President; T \simeq Treasurer; S \simeq Secretary; D \simeq Director; TR \simeq Trustee; C \simeq Chairman or Clerk; CEO \simeq Chief Executive Officer. CFO \simeq Chief Financial Officer. If an afficer-director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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>.</u> <u>I</u> <u>Je</u>	hn Doe		
X Remove Y	<u>M</u>	Mike Jones Sally Smith		
X Add SY	<u>V</u> <u>Sa</u>			
Type of Action T (Check One)	<u>itle</u>	<u>Name</u>	Address	
1) ChangeT	D	FRANCISCO PICHARDO	120 LAKE VIEW DRIVE, APT#11	
Add X Remove			WESTON, FL 33326	
2) Change Add				
Remove 3) Change			·	
Add Remove 4) Change				
Add Remove				
5) Change	····			
Remove		·	and the second s	
6) Change Add Remove				

E. If amending or adding additional Artic (Attach additional sheets, if necessary),	(Be specific)
N/A	
	•

F. If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
RECLASSIFICATION OF SHARES:	

RAFAEL CASTRO - PD - 35 SHARES	
JOSE TORRES - VPD - 35 SHARES	
ARTURO DE LA CRUZ - SD - 30 SHAI	RES

	06/02/2016	WASTELL FILED
The date of each amendment(s) ad late this document was signed.	option:	TAISION OF CAMERINATION
06/01	2/2016	2016 JUL -5 AM 11: 13
Effective date <u>if applicable</u> :	(no more than 90 days after amendment	file date)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requartment of State's records.	uirements, this date will not be fisted as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopy the shareholders was/were suf	pted by the shareholders. The number of votes east for ficient for approval.	r the amendment(s)
	roved by the shareholders through voting groups. The each voting group entitled to vote separately on the a	
"The number of votes east I	or the amendment(s) was/were sufficient for approval	
by	(voting group)	••
	(voting group)	
The amendment(s) was/were adoption was not required.	oted by the board of directors without shareholder act	ion and shareholder
The amendment(s) was/were adoption was not required.	pted by the incorporators without shareholder action a	nd shareholder
Dated	0114	
	The state of the s	
(By a di selected	rector, president or other officer – if directors or offic l. by an incorporator – if in the hands of a receiver, tru ed tiduciary by that fiduciary)	
	RAFAEL CASTRO	
	(Typed or printed name of person signing)	
	PRESIDENT	
•	(Title of person signing)	