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R. WHITE AUG 22 2018 2018 AUG 20 PH 1: 38
SECRETARY OF STATE
TALLAHASSEE

Tallahassee, FL 32301

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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPOR	RATION: LA UCHIRENA F	RAPID FOOD USA, INC.	
DOCUMENT NUMI	BER: P11000024440		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	CARLOS FIGUEIRA		
		Name of Contact Person	1
	CLFC AND ASSOCIATES	LLC	
		Firm/ Company	
	8200 NW 41 STREET SUIT		
		Address	
	DORAL FL 33166		
		City/ State and Zip Code	2
INFO	@CLFCSOLUTIONS.COM		
	~	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
CARLOS FIGUEIRA		at (³⁰⁵	de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
S35 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	endment Section sion of Corporations Box 6327 Box 6327	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Articles of Amendment

to
Articles of Incorporation of

FILED
2018 AUG 20 PM 1:38

LA UCHIRENA RAPID FOOD USA, INC

(Name of Corporation as current	ly filed with the Florida Deptroi State IV UF STATE
P11000024440	THAMASSEE, FL
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " word "chartered," "professional association," or the abbreviation	'Co''. A professional corporation name must contain the
B. Enter new principal office address, if applicable:	NIA
(Principal office address MUST BE A STREET ADDRESS)	-
	
C. Enter new mailing address, if applicable:	n
(Mailing address <u>MAY BE A POST OFFICE BON</u>)	NIA
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
N/A	_
Name of New Registered Agent	
White to	vet address)
Trastiku si	ver uauress)
New Registered Office Address:	(City) , Florida
	(Lip Code)
New Registered Agent's Signature, if changing Registered Agent	:
I hereby accept the appointment as registered agent. I am familiar	
Signature of New F	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)	Title	Name	<u>Addres</u> s
I) Change	VP	AIMARA FONTALVA	7880 NW 52 STREET
Add X Remove			DORAL FL 33166
2) Change	VP	GREGORIA HUARTAJA	7880 NW 52 STREET
X Add			DORAL FL 33166
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			-
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: .(Attach additional sheets, if necessary). (Be specific)	
N/A	
<u> </u>	
	B + 200 B
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	ı
(if not applicable, indicate N/A)	
N/A	
	<u>-</u>
	
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	_
	
	

	08/06/2018	
The date of each amendment(s) adopt date this document was signed.	ion:	, if other than the
Effective date if applicable:		
	(no more than 90) days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date ment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were suffici	I by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):	
"The number of votes east for t	he amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	I by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted action was not required.	I by the incorporators without shareholder action and shareholder	
Dated OS	-16-2018	
Simotor		
selected, by	for, precident or other officer – if directors or officers have not been van incorporator – if in the hands of a receiver, trustee, or other court iduciary by that fiduciary)	
AR	CENIO FONTALVA	
	(Typed or printed name of person signing)	
PRI	ESIDENT	
	(Title of person signing)	