## P1100051164

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C. GOLDEN
DEC 1 8 2018

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: DELICIAS CATR	ACHAS, INC.	
DOCUMENT NUM	P11000051164		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	GLADYS E. RODRIGUEZ		
		Name of Contact Person	n
	DELICIAS CATRACHAS, I	NC.	
		Firm/ Company	
	872 SW 1 STREET		
		Address	
	MIAMI, FL 33130		
	100	City/ State and Zip Cod	e
For further informatio	n concerning this matter, pleas		590-3298
		at (305	)
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the 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)
Am Div P.O	ding Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

## DELICIAS CATRACHAS, INC.

( <u>Name of Corpo</u>	ration as currently filed wit	h the Florida Dept. of	StaZDIB DEC I AM 10: 4
	P11000051164		5 / 187 os stat
(De	ocument Number of Corporati	on (if known)	S AN ARY OF STAT TALLAHASSEE, FL
Pursuant to the provisions of section 607,1006, Floits Articles of Incorporation:	orida Statutes, this <i>Florida Pr</i>	ofit Corporation adopt	s the following amendment(s) to
A. If amending name, enter the new name of th	e corporation:		
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	'orp," "Inc," or "Co". A pi		
B. Enter new principal office address, if application (Principal office address MUST BE A STREET AND ASSETT OF A STREET ASS	<u>able:</u> 4 <u>DDRESS</u> )		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>	<u>BOX</u> )		
D. If amending the registered agent and/or reginew registered agent and/or the new register	stered office address in Flor red office address:	ida, enter the name o	<u>f the</u>
Name of New Registered Agent	7/		<del></del>
	(Florida street address)		
New Registered Office Address:		Flo	orida
	(City)	· · · · · · · · · · · · · · · · · · ·	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered Agent: u. I am familiar with and ac	cept the obligations of	the position.
S	agnature of New Registered A	gent, 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, (f 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>PΤ</u>	John Doe			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s	
1) Change	<u>v</u>	CRUZ, HI	ECTOR R.	 872 SW   STREET	
Add Remove				MIAMI, FL 33130	
2) Change Add					
Remove 3) Change					
Add					_
4) Change					
Add Remove					
5) Change Add					
Remove					
6) Change Add		<u></u>			
Remove					

1	heets, if necessary).	(be specific)			
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			<u>.                                    </u>		
<u>l an amendment p</u> Neuviciane foe inc	rovides for an excha	nge, reclassificatio	n, or cancellation	of issued shares,	
	olementing the amend	ament ii not contai	ined in the amend	ment itself:	
(it not apolica	710, marcare 17711)				
(if not applica					
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The	date of each amendment(s) adoption:	_, if other than th
, datë ,	this document was signed.	
Effec	ctive date <u>if applicable</u> :  (no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
	: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will ment's effective date on the Department of State's records.	not be listed us th
Adop	ption of Amendment(s) (CHECK ONE)	
	he amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) y the shareholders was/were sufficient for approval.	
	he amendment(s) was/were approved by the shareholders through voting groups. The following statement ust be separately provided for each voting group entitled to vote separately on the amendment(s):	
	"The number of votes east for the amendment(s) was/were sufficient for approval	
	by	
	(voting group)	
	he amendment(s) was/were adopted by the board of directors without shareholder action and shareholder ation was not required.	
	he amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
	DECEMBER 7, 2018 Dated	
	Signature + @ adys E-Rodriquez	
	(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)	_
	RODRIGUEZ, GLADYS E.	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<del></del>