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Florida Department of State
Division of Corporations

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COR AMND/RESTATE/CORRECT OR O/D RESIGN EL RINCONCITO SUPERLATINO III CORP

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May 2, 2017

FLORIDA DEPARTMENT OF STATE

EL RINCONCITO EUPERLATINO III CORP 20290 OLD CUTLER ROAD CUTLER BAY, FL 33189

SUBJECT: EL RINCONCITO SUPERLATINO III CORP

REF: P11000102731

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Valerie Herring Regulatory Specialist II FAX Aud. #: H17000118836 Letter Number: 817A00008558

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P. 003
FILED
SECRETARY OF STATE
OIVISION OF CORPORATIONS

2817 MAY -2 PM 1: 19

Articles of Amendment to Articles of incorporation of

	of	•
EL.	RINCONCITO SUPERLATINO III	CORP .
(Name of Coro	oration as currently flied with the I	Florida Dept. of Siste)
	P11000102731	
(D	Ocument Number of Corporation (if I	mown)
Pursuant to the provisions of section 607,1006, Fits Articles of Incorporation:	lorida Statutes, this <i>Florida Profit Ca</i>	reportation adopts the following amendment(s) to
4. If amending name, enter the new name of t	he corporation:	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation " Vord "chartered," "professional association," o	Carp," "Inc," or "Co". A professi	The new or "incorporated" or the abbreviation ional corporation name must contain the
8. Enter new principal office address. If apolt Principal office address MUST BE A STREET	reble: ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC.	E BOX)	
D. If amending the registered agent and/or re new registered agent and/or the new regist	gistered office address in Florida, e ered office address:	nier the name of the
Name of Now Registered Agent	 .	
*****	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Codu)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	g <u>Registered Agent:</u> gènt. I am familiar with and accept ti	he obligations of the position.
19-1-9-1-9-1-9-1-9-1-9-1-9-1-9-1-9-1-9-	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 = 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, Saily Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Saily Smith, SV as an Add.

X Change	PT	Jahn Doé	·
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
<u>X</u> 'Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	The	Name	Address
I)Change	T	LETICIA D TOLEDO	10407 SW OLD CUTLER RD
X Add			APT 101
Remove			MIAMI FL 33190
2) Change	PST	AMAYA, NESTOR A	20290 OLD CUTLER ROAD
Add		•	CUTLER BAY, FL 33189
X Remove			
3)Change	PS	AMAYA, NESTOR A	20290 OLD CUTLER ROAD
X Add			CUTLER BAY, FL 33189
Remove			<u> </u>
4) Change			
Ad1		ethar	<u> </u>
Remove			
5)Change			Sept.
Add			
Remove			
6) Change	 		·
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
(Amon manional streets, y recessary). (De specific)			
,			
	**		
· · · · · · · · · · · · · · · · · · ·			
F. If an amendment provides for an exchange, reconstilication, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate NA) 50% OF THE ISSUED SHARES BELONG TO NESTOR A AMAYA			
25% OF THE ISSUED SHARES BELONG TO LETICIA D TOLEDO			
25% OF THE ISSUED SHARES BELONG TO GABRIEL JOAQUIN TOLEDO			

The date of each amendment(s) adoption: 4/26/2-017 date this document was signed,	, if other than the
Effective date If applicable: 4/2-6/2017	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will a document's effective date on the Department of State's records.	ot be listed as the
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	at .
(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 4/2/017	
Signature 77/57/DY A AMAVA	
Signature 77 6 77 77 77 77 78 19 19 19 19 19 19 19 19 19 19 19 19 19	
(Typed or printed same of person digning)	
(Typed or printed same of person digning)	···-
Tre Si Gen Te (Title of person signing)	
(Title of person signing)	