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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ΓΙΟΝ: JOIN LA FIESTA,	INC		
DOCUMENT NUMBER: P12000002993				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspon	ndence concerning this mat	tter to the following:		
RC	DDOLFO O BAREA			
	20 1 20 1 1000 1101 201	Name of Contact Person		
JO	IN LA FIESTA			
		Firm/ Company		
43	1 NW 82ND AVE. UNIT	922		
		Address		
M	IAMI. FLORIDA. 33126			
_		City/ State and Zip Code		
RBARE	A@WEEKET.COM			
	E-mail address: (to be us	sed for future annual report r	notification)	
For further information concerning this matter, please call:				
RODOLFO O BAREA		786 at (399-5642	
Name of C	Contact Person	Area Cod	le & Daytime Telephone Number	
Enclosed is a check for th	e following amount made p	payable to the Florida Depar	tment 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)	
Amend Divisio P.O. Bo	g Address ment Section n of Corporations ox 6327 sssee, FL 32314	Division Clifton 2661 Ex	Address ment Section n of Corporations Building secutive Center Circle ssee, FL 32301	

Articles of Amendment to Articles of Incorporation of



JOIN LA FIESTA, INC

(Name of Corporation	n as currently filed with the Florida Dept. of State)
P12000002993	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:
WEEKET, INC	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the a	" "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDI	<u>RESS</u>)
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	9
D. 16	
D. If amending the registered agent and/or registered new registered agent and/or the new registered o	
Name of New Registered Agent	
rame of New Neglisler en rigem	
	(Florida street address)
New Projection J. Office, Address.	
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Regis	
I hereby accept the appointment as registered agent. I	am familiar with and accept the obligations of the position.
Siana	ture 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, 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.

Frample:

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	<u>Name</u>	Address
1) Change		_	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)	<u>e</u> :	
			
			
			
f an amendment provides for an exchaprovisions for implementing the amen	ange, reclassification, or	r cancellation of issued in the amendment itse	shares, lf:
(if not applicable, indicate N/A)			_
			

The date of each amendmen date this document was signed				
,	 05/20/2016			
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)			
	this block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.			
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.			
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):			
"The number of vote	s cast for the amendment(s) was/were sufficient for approval			
by				
	(voting group)			
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder			
action was not required. 05/1: Dated	3/2016			
s	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)			
	(Typed or printed name of person signing)			
	PMESIDEUT			
	(Title of person signing)			