P12 0000 17192

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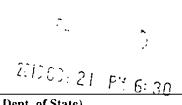
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	EL MERCADO	DE SAN CARLOS	
DOCUMENT NUMBER:	Ī	P12000017192	
The enclosed Articles of Amenda	nent and fee are su	abmitted for filing.	
Please return all correspondence (concerning this ma	tter to the following:	
	Na	ATALIE LEYVA	
		Name of Contact Persor	1
	EL ME	RCADO DE SAN CARLOS	3
Firm/ Company			
18067 CONSTITUTION CIRCLE			
		Address	
	FORT M	YERS, FL 33967	
		City/ State and Zip Code	e
	ELMERC.	ADO33967@YAHOO.CO!	vi
E-mai		sed for future annual report	
For further information concernin	g this matter, plea	se call:	707-5686
Name of Contact I	Person		de & Daytime Telephone Number
Enclosed is a check for the follow	ing amount made	payable to the Florida Depa	urtment of State:
	.75 Filing Fee & ificate 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)
Mailing Addre Amendment Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction	Amend Divisio	Address ment Section on of Corporations Building xecutive Center Circle

Articles of Amendment Articles of Incorporation of





(Name of Corporation as currently filed with the Florida Dept. of State)

	P12000017192		
	(Document Number of Co	rporation (if known)	· -
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06, Florida Statutes, this <i>Flo</i>	rida Profit Corporation ad	opts the following amendmen
A. If amending name, enter the new nam	e of the corporation:		
			The new
name must be distinguishable and contai "Corp.," "Inc.," or Co.," or the designate word "chartered," "professional association	ion "Corp," "Inc," or "Co	". A professional corporat	rated" or the abbreviation
B. Enter new principal office address, if (Principal office address MUST BE A STR			
	-		
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF			
D. If amending the registered agent and/ new registered agent and/or the new r		in Florida, enter the nam	e of the
Name of New Registered Agent	NATALIE LEYVA		
	18067 CONSTITUTION C	CIRCLE	
_	(Florida street e	uddress)	
<u>New Registered Office Address:</u>	T. MYERS,		Florida 33967
	(Cit		(Zip Code)
New Registered Agent's Signature, if cha Thereby accept the appointment as registered		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 = 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 Doc 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 Doc	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	P	MENNIG, JESENIA G	18067 CONSTITUTION CIRCLE
Add			FORT MYERS, FL 33967
X Remove			
2) Change	P	NATALIE LEYVA	18067 CONSTITUTION CIRCLE
			FORT MYERS, FL 33967
Remove			
3) Change	VP	MARIA HERNANDEZ	18067 CONSTITUTION CIRCLE
X Add			FORT MYERS, FL 33967
Remove			
4) Change	SEC.	BRISA LEYVA	18067 CONSTITUTION CIRLE
X Add			FORT MYERS, FL 33967
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	(Be specific)
_	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A) ATALIE LEYVA WILL GET 70% IN SE	HARES
ATALIE LEYVA WILL GET 70% IN SF	N SHARES
ATALIE LEYVA WILL GET 70% IN SE IARIA HERNANDEZ WILL GET 25% II	N SHARES
ATALIE LEYVA WILL GET 70% IN SE IARIA HERNANDEZ WILL GET 25% II	N SHARES
ATALIE LEYVA WILL GET 70% IN SE IARIA HERNANDEZ WILL GET 25% II	N SHARES

	10/16/2019	
The date of each amendment(s date this document was signed.	s) adoption:	, if other than the
date this document was signed.	10/16/2019	
Effective date <u>if applicable</u> : _		
	(no more than 90 days after amendment file date)	
	is block does not meet the applicable statutory filing requirements, this date we Department of State's records.	ill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
10. Dated	/16/2019	
Signature		
	a director, president or other officer – if directors or officers have not been	
	ected, by an incorporator – if in the hands of a receiver, trustee, or other court	
арр	ointed fiduciary by that fiduciary)	
	JESENIA G. MENNING	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	