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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: LOS ANTOJOS R	ESTAURANT, INC		
DOCUMENT NUM	P12000024123			
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.		
Please return all corre	spondence concerning this ma	iter to the following:		
	LEIDY VERGARA			
		Name of Contact Person	n	
	LOS ANTOJOS RESTAUR	ANT, INC		
		Firm/ Company		
	11099 BISCAYNE BLVD.			
		Address		
	MIAMI/FL 33161			
		City/ State and Zip Cod	e	
	1	leidyq84@hotmail.com	/	
		sed for future annual report		
For further informatio	n concerning this matter, plea	se call:		
LEIDY VERGARA		at (346-1434	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	irtment 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

LOS ANTOJOS RESTAURANT, INC

(Name of Corporation as currently	filed with the Florida Dept. of State	<u>:</u>)	-
P1200002	24123		
(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the	following ame	endment(s) to
A. If amending name, enter the new name of the corporation:			
		The	new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "I	'o". A professional corporation nam		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)			_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		100 make	
D. If amending the registered agent and/or registered office addre			
new registered agent and/or the new registered office address:		TOPE C	ā
Name of New Registered Agent			
	· · · · · · · · · · · · · · · · · · ·		
(Florida stre	et address)		
<u>New Registered Office Address:</u>	, Florida_ Cityi	(Zip Code)	
		, , ,	
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the pe	osition.	
Signature of New Re	rgistered 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:

 $P = President; V \cdot Vice President; T \cdot Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer, CFO = Chief Financial Officer, If an officer/director holds more than one title, list the first letter of each office held President, Treasurer, Director would be PTD.$

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.

X Change	<u>PT</u>	John De	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally St	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change	VP		JOHAN A CASTELLANOS	13651 NE 1ST AVE.
X Add				MIAMI FL. 33161
Remove				
2) Change		-		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add		_		
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or	adding additional Articles	, enter change(s) hi	ere:		
Attach additior	al sheets, if necessary). (1	se specific)			
					
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<u>If an amendme</u>	nt provides for an exchang	e, reclassification,	or cancellation of iss	sued shares,	
tif not an	implementing the amendalicable, indicate N/A)	ient it not containe	a in the amenament	itseii:	
(ij noi apj	neune, macue				
	-	<u>-</u>			
	-				
		 			

The date of each amendment(s) adoption:, if other than the date this document was signed.
Effective date if applicable:
Effective date if applicable: (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 not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (<u>CHECK ONE</u>)
☐ 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" (voting group)
(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 05/22/2018
Signatur ////
(D) 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
ppointed fiduciary by that fiduciary)
LEIDY VERGARA
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)