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COVER LETTER

Division of Corporations NAME OF CORPORATION: Pangaeria & TorTilleria LAS DeligAS INC P12000026087 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: F-Nui3 Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status

Mailing Address

TO: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

(Additional copy is

enclosed)

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certified Copy

(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation

Articles of Incorporation
Pamocria & TorTilleria Las Delicies INC
(Name of Corporation as currently filed with the Florida Dept. of State)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent Claudia España
229 Fault NC St (Florida street address)
New Registered Office Address: Winter 69rden , Florida 3478+ (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as regisfered agent. I am familiar with and accept the obligations of the position.
Thereby accept the appointment as registered agent. I am juminar with and accept the obligations of the position.
Signature of New Registered Agent, if changing
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Page 1 of 4

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.

Example: X Change	PT John	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sail	y Smith	,
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>P</u>	claudia Espana	229 Faulknerst
X_ Add			WINTER barden FL 34787
Remove			
2) Change	<u>S</u>	Claudia España	229 Fawlkner St Winterbarden FL 3478+
Remove	0	200	
3) Change	-	maria E Aquilar	Winter borden, FL 3478
Remove			
4) Change	<u>S</u> _	moria E Aguilar	229 FAULKNYS+ Winter barden FC 3478-
AddRemove			Winter borden FC 3410-
5) Change			
Add Remove			
6) Change			
Add			
Remove		•	

ttach additional sheets, if necessary).	ticles, enter chan (Be specific)			
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an amendment provides for an exc	hange, reclassific	ation, or cancella	tion of issued sha	res,
orovisions for implementing the am (if not applicable, indicate N/A)	enament it not co	intained in the an	nenament itself:	
(II not applicable matrine N/A)				
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The date of each amendment	(s) adoption: <u>5-1-13</u>
Effective date if applicable:	5-1-13
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/wer by the shareholders was/we	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 d 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)
action was not required. ☐ The amendment(s) was/wer	e adopted by the board of directors without shareholder action and shareholder e adopted by the incorporators without shareholder action and shareholder
action was not required. Dated Signature	Uma Davilor
(A) sel	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Maria E Aguilar (Typed or printed name of person signing)
	President
	(Title of person signing)