P13000029452

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: La Bonita Uno Inc
DOCUMENT NUMBER: P13000029452
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 La Bonita Uno Inc Firm/ Company 10 SW Bayshore Blud Address Port St Lucie, FL 34983 City/ State and Zip Code 710 bonita@gmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Maria Borja at 772 446-9037 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Inco

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La Boni			form g g	٠
			Florida Dept. of State	<u> </u>
			rioriua irept. of State)	
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·	ocument Number (•	of the control	· सम
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this	Florida Profit C		wing amendment(s) to Lengt ≥
A. If amending name, enter the new name of th	ne corporation:		i ,	
	NIA			The nav
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	Corp," "Inc," or	"Co". A professi	or "incorporated" or the ional corporation name m	e abbreviation ust contain the
B. Enter new principal office address, if applic	able:			
(Principal office address MUST BE A STREET)				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	EBOX)			
				
D. If amending the registered agent and/or reg new registered agent and/or the new registe			enter the name of the	
				
Name of New Registered Agent	**			
	(Florida si	treet address)		
New Registered Office Address:			, Florida	
		(City)	{/	Zip Code)
New Registered Agent's Signature, if changing	Registered Agen	t·		
I hereby accept the appointment as registered age			he obligations of the position	on.
		1		
	(۸	IA		
	Signature of Man	Pagistaned Agent	if okanging	
•	Signature of New	negisierea Ageni,	y 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.

Example: X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	_D	Roberto Borja	1161 Sw Jumper St
Add			Port Stlucie, FL
Remove			34983
2) Change			
Add			
Remove			
3) Change			
Remove			
4) Change			
Add			
Remove			-
5) Change	 -		
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
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an amendment provides for an exchan	nge, reclassification, or cancellation of issued shares, lment if not contained in the amendment itself:
[an amendment provides for an exchan provisions for implementing the amend (if not applicable, indicate N/A)	lment if not contained in the amendment itself:
provisions for implementing the amend	lment if not contained in the amendment itself:
provisions for implementing the amend	nge, reclassification, or cancellation of issued shares, Iment if not contained in the amendment itself:
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The date of each amendment(s) adoption:	, if other than
Effective date if applicable: 9 16 19 (no more than 90 days after amendment file date)	
(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 document's effective date on the Department of State's records.	
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following staten must be separately provided for each voting group entitled to vote separately on the amendment(s):	ient
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voling group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	er
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature 16 19 (By a director, president or other officer – if directors or officers have not been	
Signature Malie Boacher	
(By 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 cou	rt
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	

the

the

Jannah C

Nº 005836

FLORIDA DEPARTMENT OF STATE

Date: 9-23-19

RECEIVED FROM: NAVICE BOY JOS

For the following: Homershow + (LaBon ita Uno, Inc

the sum of Two the File and 9/00 Dollars \$ 25.00

P13000029452-

for Secretary of State

THIS MONEY PAID INTO THE STATE TREASURY

All receipts issued and papers filed subject to clearing and final payment of remittance check.