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(Re	questor's Name)	
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Nel Marie
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: EL SACUA	anjocho Restaurant Corp
DOCUMENT NUMBER: P130000426	92
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this r	natter to the following:
Jose M Escorcia	a
	Name of Contact Person
EL Sacuanjoch	o Restaurant Corp
<u> </u>	Firm/ Company
9815 W Okeech	nobee Rd #108
	Address
Hialeah Fl 3301	6
	City/ State and Zip Code
dealer.financeservi	ces@gmail.com
	used for future annual report notification)
	,
For further information concerning this matter, pl	ease call:
JOSE L ESCORCIA	at (504) 638-0823
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	de payable to the Florida Department of State:
\$35 Filing Fee & Certificate of Status	
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

DIVISION OF CORPORATIONS

13 MAY 28 PM 12: 06

Articles of Amendment to Articles of Incorporation of

EL Sacuanjocho Restau	rant Corp		× 206
(Name of Corporation as	currently filed with the Flo	orida Dept. of State)	
P13000042692			
(Documer	at Number of Corporation (if)	known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation adopts th	e following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
EL SACUANJOCHE RES	STAURANTE CO	RP	The new
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc." or "C	o". A professional corporation n	or the abbreviation
B. Enter new principal office address,	if annlicable:	N/A	
(Principal office address MUST BE AS			
		···	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		N/A	
D. If amending the registered agent an new registered agent and/or the new		ess in Florida, enter the name of the	<u>1e</u>
	N/A		
Name of New Registered Agent		**************************************	
	(Florida stree	. f.f	
	N/A		
New Registered Office Address:	(City)	, Florida	ip Code)
	(City)	(2.	p cour,
New Registered Agent's Signature, if c	hanging Registered Agent:		
I hereby accept the appointment as regis	tered agent. I am familiar w	ith and accept the obligations of the	e position.
Si	gnature of New Registered A	gent, 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.

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	JOSE LEON ESCORCIA	7817 W 36 AVE #104
XAdd			HIALEAH GARDENS
Remove			FL 33018
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	<u> </u>	-	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If amending or adding additional Articles, enter change(s) here</u> : (Attach additional sheets, if necessary). (Be specific)					
N/A					
				 	
······································			•		
		- · ·			
			-		
		<u> </u>			
	·				
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F. If an amendment prov	ides for an exch	ange, reclassific	cation, or cance	llation of issued s	hares,
provisions for impler (if not applicable,	nenting the amer indicate N/A)	<u>nament it not co</u>	ontained i <u>n the i</u>	amenament usen;	
N/A					
					
			<u>.</u>		
					
				· ····	

The date of each amendment(s) ad	loption:
Effective date <u>if applicable</u> :	/
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	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)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
action was not required.	
Dated	_3/09/3
Signature	The state of the s
(By a d	irector, president or other officer - if directors or officers have not been
	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
аррош	red fiductary by that fiductary)
	Jose N. Escorcia
	(Typed or printed name of person signing)
	Yesiden+
	(Title of person signing)