P13000046122

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COVER LETTER

TO: Amendment Section Division of Corporations Chucherias Hondurenas Restaurant, Inc. NAME OF CORPORATION: P13000046122 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sergio Faenza Name of Contact Person Chucherias Hondurenas Restaurant, Inc. Firm/ Company 101 2nd Street Suite 500 Address Holly Hill, FL 32117 City/ State and Zip Code info@chucheriasrestaurant.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mayra Rodriguez 386 239-0548 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: ☐ \$35 Filing Fee **□\$43.75** Filing Fee & ■\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

Mailing Address

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

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Chucherias Hondurenas Restaurant, Inc.

(Document Number of rsuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> Articles of Incorporation:	•	Nowing amendment(s)
	Florida Profit Corporation adopts the fo	Mouring amendment(s)
		mownig amendmeni(s)
If amending name, enter the new name of the corporation:		
		The new
me must be distinguishable and contain the word "corporation," "conc.," or Co.," or the designation "Corp," "Inc," or "Co". A hartered." "professional association," or the abbreviation "P.A."		
Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS)		
		F-2
		. 8
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(Mulling dadress <u>PIAT BE A FOST OF FICE BOX</u>)		.27
If amending the registered agent and/or registered office addre		8 18
new registered agent and/or the new registered office address:		
Name of New Registered Agent		
(Florida stree	et address)	
New Registered Office Address:	. Florida	
	City)	(Zip Code)
w Registered Agent's Signature, if changing Registered Agent: bereby accept the appointment as registered agent. I am familiar with the second	ith and accept the obligations of the po	sition.
Signature of New Re	gistered Agent, if changing	
inginiare of then he	Parity or Alberta A strong 1.19	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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= Trustce; 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	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
	V,T	Sergio M Faenza	7 Sherwood Dr.
I) Change X Add			Ormond Beach, FL 32174
Remove			
2) Change	V	Juan Manuel Romero	13 Bulow Woods Cir.
			Flagler Beach, FL 32136
Add Remove 3) Change			
Add			
Remove			
4) Change			·
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional s	ding additional Artic sheets, if necessary).	(Be specific)			
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fan amendment	provides for an exch	ange, reclassifica	tion, or cancellatio	on of issued shares	1
(if not applied	plementing the amerable, indicate N/A)	idment it not con	tained in the amei	iament itseir:	
(ij noi appiied	mie, marcare mary				
		<u> </u>			
<u> </u>				·	

01/03/2019

The date of each amendment(s)	adoption:	, if other than the
late this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file	e date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing require pepartment of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without s	shareholder action and shareholder
☐ The amendment(s) was/were as by the shareholders was/were	lopted by the shareholders. The number of votes cast for t sufficient for approval.	he amendment(s)
must be separately provided for	oproved by the shareholders through voting groups. The far each voting group entitled to vote separately on the ament for the amendment(s) was/were sufficient for approval	•
N/A		
by	(voting group)	
07/22/20	•	
O#22/20	20	
Signature	drigo	
select	director, president or other officer – if directors or officers ed, by an incorporator – if in the hands of a receiver, trustented fiduciary by that fiduciary)	
.,	Mayra Rodriguez	
	(Typed or printed name of person signing) President	
	(Title of person signing)	