# P13000057783

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C. BRUMBLEY

JAN - 3 2022

### COVER LETTER

Division of Corporations NAME OF CORPORATION: OLI MAMBO RESTAURANT INC P13000057783 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: GEOVANNY Sepulveda Name of Contact Person Firm/ Company 17 N. Semoran BLUD
Address O Mando, Horida 35-807
City/ State and Zip Code east ANNY 4 Chot MAIL cert

nail address: (to be used for future annual report notification) For further information concerning this matter, please call: Geovanny Sehulv Est at 407, 437-0245

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 & □\$52.50 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is

enclosed)

#### **Mailing Address**

TO: Amendment Section

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

## Street Address

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

(Additional Copy

is enclosed)

# Articles of Amendment to

Articles of Incorporation

of

OLI MAMBO RESTAUL	EANT INC.
(Name of Corporation as current)	y filed with the Florida Dept. of State)
P13000057783	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this atticles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
nod	The new
name must be distinguishable and contain the word "corporation," "C" "Inc.," or Co.," or the designation "Corp." "Inc," or "Co", A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.,"
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)	2021 DEC 13
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address	
Name of New Registered Agent	
tFlorida str	ver addryks)
New Registered Office Address:	rCiţy) . Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar v	i with and accept the obligations of the position.
Signature of New R	egistered Agent, if changing
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	LESUS FERNANDEZ AGA	ELU 4579 13th st.
Add			ST. Cloub, Florida 34769
Remove			
2) Change			<del></del>
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			<u> </u>
Add			
Remove			
6) Change			
Add			
Remove			

	s, (f necessary). (Be specific)
	<del></del>
<del></del>	<del></del>
·	
,	
amandmant nra	cides for an exchange, reclassification, or cancellation of issued shares,
isions for imple	nenting the amendment if not contained in the amendment itself:
if not applicable	indicate MA)
	,

• • •

The date of each amendment(s) adoption:	12/07/2025	, if other than the
date this document was signed.	,	
Effective date <u>if applicable</u> :	12/07/2021	
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does is document's effective date on the Department of	not meet the applicable statutory filing requirements, this date worf State's records.	will not be listed as the
Adoption of Amendment(s) (Cl	HECK ONE)	
The amendment(s) was/were adopted by the action was not required.	e incorporators, or board of directors without shareholder action a	and shareholder
□ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the amendment(s) rapproval.	
	he shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amo	endment(s) was/were sufficient for approval	
Dated /2/27/2 Signature (By a director, presselected, by an inc	nting group)	
Dated /2/07/2 Signature (By a director, preselected, by an incappointed fiduciar	sident or other officer—if directors or officers have not been corporator—if in the hands of a receiver, trustee, or other court	