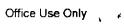
## P13000065070

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION:	Mexican Grill LA VIlla Inc. P13000065070
DOCUMENT NUMBER:	P13000065070
The enclosed Articles of Amendment and fee	
Please return all correspondence concerning to	
	ESTELA Villegas  Name of Contact Person  Can Grill La Villa Inc.  Firm/ Company  2305 N. Doven Rd  Address  Doven, 7L 33527  City/ State and Zip Code
For further information concerning this matte	r. please call:
SIEIA Name of Contact Person	Villegat 813, 752-6200  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	made payable to the Florida Department of State:
\$35 Filing Fee	tee & S43.75 Filing Fee & S52.50 Filing Fee tatus Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

(Name of Corpor	ation as currently filed with the Florida Dept. of State)		
(Doc	cument Number of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florits Articles of Incorporation:	rida Statutes, this Florida Profit Corporation adopts the following amer	ndment(s) to	
A. If amending name, enter the new name of the	e corporation:		
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	The word "corporation," "company," or "incorporated" or the abbreviorp," "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."	ation	
B. Enter new principal office address, if applica	ıble:	_	
(Principal office address MUST BE A STREET A	(DDRESS)		
		_	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u> )	<u>BQX</u> )		
		_ <b>™</b> Z§£(	22
		— <u>F</u> ≓ {	ال
	stered office address in Florida, enter the name of the		1 5 INF 6102
new registered agent and/or the new register	red office address:	AS	_
Name of New Registered Agent		738 L	P F
		-T	- (
	(Florida street address)	19	
New Registered Office Address:	, Florida	_	
	(Cuy) (Zip Code)		
New Registered Agent's Signature, if changing I	Registered Agent:		
	at. I am familiar with and accept the obligations of the position.		
	Signature of New Registered Agent, if changing		

ttach additional sheets, if necessa	ry). (Be specij	îc)			
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an amendment provides for an provisions for implementing the (if not applicable, indicate N.	amendment if n	ssification, or one to contained in	cancellation of n the amendme	issued shares, nt itself:	
					,

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>	<u> John Doe</u>			
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	VP	بن ل	9N	PINGARRON	2305 N. Dovernd Dover, 76 33527
Add					Dover, 71 33527
Remove					
2) Change					
Add					
Remove					
3 ) Change					
Add					
Remove					
4) Change		_ <del></del>			
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					<del></del>
Remove					

The date of each amendment(s) adoption:	1-27-19	, if other than the
late this document was signed.		, it odier dan die
and this document was signed.	7-27-19	
Effective date <u>if applicable</u> :		
(no more than	190 days after amendment file date)	
Note: If the date inserted in this block does not meet the app document's effective date on the Department of State's records.		ate will not be listed as the
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders. T by the shareholders was/were sufficient for approval.	he number of votes cast for the amendment(	(s)
☐ The amendment(s) was/were approved by the shareholders the must be separately provided for each voting group entitled to		vent
"The number of votes cast for the amendment(s) was/w	vere sufficient for approval	
by(voting group)		
(voting group)		
☐ The amendment(s) was/were adopted by the board of director action was not required.		der
☐ The amendment(s) was/were adopted by the incorporators was action was not required.	ithout shareholder action and shareholder	
Dated7-27-15		
Signature		
	fficer if directors or officers have not been the hands of a receiver, trustee, or other courv)	
	ESTELA Villegas	
	ed name of person signing)	
	President	
(Titl	le of person signing)	