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NOV 0 7 2018 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ANTOJITOS M	MEXICANOS LA PLACITA CORP
DOCUMENT NUMBER: P13000071734	
The enclosed Articles of Amendment and fee are	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
DARLENE CARRILLO	
	Name of Contact Person
D & M BSUINESS SSER	EVICE
	Firm/ Company
2393 S CONGRESS AVE	• •
	Address
WEST PALM BEACH, F	
	City/ State and Zip Code
VICTORIAG@DMBUSINESS	SERVICE COM
· ·	e used for future annual report notification)
E-man attitess, (to o	e used for future difficult report interestions
For further information concerning this matter, p	lease call:
DARLENE CARRILLO/VICTORIA GIRALDO	at (561) 9692466 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:
S35 Filing Fee Certificate of Statu	
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

ANTOJITOS	MEXICANOS LA	A PLACITA CORP
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(<u>N</u> ame	of Corporation as currentl	y filed with the Florida De	ept. of State)
P13000071734			
	(Document Number o	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation	adopts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation:		
NA			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "	Co". A professional corpe	porated" or the abbreviation
B. Enter new principal office address,		11/1	1000
(Principal office address MUST BE A S	<u>(IKEET ADDKESS</u>)		
			18 SE
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NA	MOV -
			—————————————————————————————————————
D. If amending the registered agent a			ame of the
new registered agent and/or the ne		Ė	
Name of New Registered Agent	ROGER A. BOLLIER		
	1491 THORNERIDGE LY	1	
	(Florida str	eet address)	
New Registered Office Address:	ROYAL PALM BEACH		Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if a I hereby accept the appointment as regis	changing Registered Agent tered agent. I am familiar	<u>:</u> with and accept the obligati	ons of the position.
n	a		
Kez	Signatura of Marie I	egistered Agent, if changin	α
•	Signature of New F	tegisteren Agent, ij changin	<u> </u>

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	
$\underline{\mathrm{X}}$ 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	ISABEL BARAJAS	1491 THORNERIDGE LN
Add			ROYAL PALM BEACH, FL 3341
X Remove			
2) Change			
Add			
Remove			
3) Change	_		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			_
Add			
Remove			
			- · · · · · · · · · · · · · · · · · · ·
6) Change			
Add			
Remove			

	(Be specific)			
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f an amendment provides for an exc	hanga raalassifiaatis	n or agneellation of	icewad charac	
i an amenument provides for an exci	<u>nange, reclassification</u> endment if not conta	ined in the amendme	nt itself:	
provisions for implementing the ame			***************************************	
provisions for implementing the ame				
provisions for implementing the ame (if not applicable, indicate N/A)				
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The date of each amendment(s)	adoption:, if other than the
date this document was signed.	/01/2018
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were as by the shareholders was/were:	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes can	st for the amendment(s) was/were sufficient for approval
by	.,,
-	(voting group)
☐ The amendment(s) was/were as action was not required.	dopted by the board of directors without shareholder action and shareholder
■ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
10/1/20 i Dated	8
Signature <u>lo</u> -	director, president or other officer – if directors or officers have not been
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	ROGER A. BOLLIER
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)