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14 MAY -5 ANTH: 03
SECRETARY OF STATE
TALL AHASSEE, FLORION

C. LEWIS

MAY 1 5 2014

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: MI PARRILLITA CORP DOCUMENT NUMBER: P14000034890 The enclosed Articles of Amendment and fee are submitted for filing, Please return all correspondence concerning this matter to the following: NERYS GARRIDO DE LOBO Name of Contact Person MI PARRILLITA CORP Firm/ Company 9193 FONTAINEBLEAU BLVD UNIT 9 Address **MIAMI FL 33172** City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ($\frac{786}{\text{Area Code \& Daytime Telephone Number}}$ NERYS GARRIDO DE LOBO Name of Contact Person 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 enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

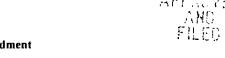
Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327





Articles of Amendment to 14 HAY -5 AH II: 03 of

MI PARRILLITA CORP

GEURETARY OF STATE
TALL AHASSLE, FLORIDA

(Name of Corporation as currently filed with the Flo	rida Dept. of State)
P14000034890	
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>FI</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation. "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co word "chartered," "professional association," or the abbreviation "P.	". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	·
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	t address)
•	
New Registered Office Address: (City)	Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.
Signature of New Registered Ag	out if shanging

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 <math>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	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u></u>	EVELIN J LOBO	9193 FONTAINEBLEAU
Add			BLVD UNIT 9
Remove			MIAMI FL 33172
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove	,		
6) Change			
Add	-		
Remove			
L Kelliove			

amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
·	
<u>.</u>	
an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	Adment is not contained in the unchanged about



14 MAY -5 AH II: 03 The date of each amendment(s) adoption: APRIL 29, 2014 _, if other than the date this document was signed. TALLAHASSLE PLORES APRIL 29, 2014 Effective date if applicable: (no more than 90 days after amendment file date) Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes east for the amendment(s) was/were sufficient for approval (voting group) The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Dated_04/29/2014 Signature (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) NERYS GARRIDO DE LOBO (Typed or printed name of person signing) PRESIDENT (Title of person signing)