## P14000069021

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATIONS	CAFETERIA OLI	MPIA INC	
DOCUMENT NUMBER: P14			
The enclosed Articles of Amend	iment and fee are su	bmitted for filing.	
Please return all correspondence	e concerning this ma	tter to the following:	
JUAN C.	ARLOS QUINTERO	)	
		Name of Contact Person	1
IMMIGR	ANT SERVICES T	С	
		Firm/ Company	
1680 SW	BAYSHORE BLV	-	
<del></del>		Address	
PORT S'	LUCIE FL 34984		
		City/ State and Zip Code	
	. 6	,	
<del>-</del>	ceste@gmail.com		<u> </u>
J:-m	ail address: (to be us	ed for future annual report	notification)
For further information concern	ing this matter, pleas	se call:	
JuanCarlos Quintero		772 at (	
Name of Contact	Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the follo	wing amount made p	payable to the Florida Depa	artment of State:
	3.75 Filing Fee & ertificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Add Amendment S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

CAFETERIA OLIMPIA INC.

CAPITERIA OLIMPIA INC			
(Name of Corporation as currer	ntly filed with the Florida De	pt. of State)	<u>-</u>
P14000069021			
(Document Number	of Corporation (if known)	·	
Pursuant to the provisions of section 607.1006. Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation	adopts the following ame	ndment(s) to
A. If amending name, enter the new name of the corporation:			
N/A			
name must be distinguishable and contain the word "corporat." "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation  B. Enter new principal office address, if applicable:	"Co". A professional corpo	porated" or the abbrevi	new iation in the
(Principal office address <u>MUST BE A STREET ADDRESS</u> )			
		93.	) 
C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX)	N/A		
		T A	<u>ω</u>
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address	dress in Florida, enter the na	ome of the	
N/A	<del></del>		
Name of New Registered Agent	· 4 · ·		
		<u> </u>	
	street address)		
New Registered Office Address: N/A		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	with and accept the obligatio		
Signature of New	Registered Agent, if changing		

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	PT	John Doe	
$\underline{X}$ Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	TANIA LOPEZ TRIGUEROS	5460 SE EBBTIDE AVE
Add			STUART FL 34997
X Remove			
2) Change	þ	DORIS M LOPEZ VARELA	2837 SE NORMAND ST
X Add			STUART FL 34997
Kemove			
3 ) Change			1
Add			<del></del> -
Remove			
4) Change		<u> </u>	
Add			7.25
Remove			
5) Change	<del>_</del>		
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)				
/A					
		<del></del>			
			-		
					-
			· · · · · · · · · · · · · · · · · · ·		
		<del></del>			
				-	
		<del>-</del>		<del></del>	
					-
If an amendment provides for an excl	hange, reclassific:	ition, or cancellati	on of issued shar	-es <sub>s</sub>	
provisions for implementing the ame	hange, reclassifica	ation, or cancellati	on of issued sha ndment itself:	-es <u>,</u>	
If an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassifie: endment if not con	ation, or cancellati	on of issued shar ndment itself:	<del>-es,</del>	
(if not applicable, indicate N/A)	hange, reclassific: endment if not con	ation, or cancellati	on of issued shar ndment itself:	<u>"es,</u>	
(if not applicable, indicate N/A)	hange, reclassific: endment if not con	ation, or cancellati	on of issued shar ndment itself:	<u>"es,</u>	
(if not applicable, indicate N/A)	hange, reclassific: endment if not con	ation, or cancellati ntained in the ame	on of issued shar ndment itself:	<u>-es,</u>	
(if not applicable, indicate N/A)	hange, reclassifie: endment if not co	ation, or cancellati ntained in the ame	on of issued shar ndment itself:	<u>-es</u>	
(if not applicable, indicate N/A)	hange, reclassific: endment if not co	ation, or cancellati ntained in the ame	on of issued shar ndment itself:	***************************************	
(if not applicable, indicate N/A)	hange, reclassific: endment if not co.	ation, or cancellati	on of issued shar ndment itself:	· es,	
(if not applicable, indicate N/A)	hange, reclassific: endment if not co	ation, or cancellati ntained in the ame	on of issued shar ndment itself:	· es.	
(if not applicable, indicate N/A)	hange, reclassifie: endment if not con	ation, or cancellati ntained in the ame	on of issued shar ndment itself:	-cs <sub>2</sub>	
(if not applicable, indicate N/A)	hange, reclassific: endment if not con	ation, or cancellati ntained in the ame	on of issued shar	***************************************	
(if not applicable, indicate N/A)	hange, reclassific: endment if not con	ation, or cancellati	on of issued shar	·es,	
If an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassific: endment if not con	ntained in the ame	on of issued shar	·es,	

	07/29/2019	
The date of each amendment(s) a	deption:	, if other than i
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this locument's effective date on the D	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	I not be listed as t
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were st	opted by the shareholders. The number of votes east for the amendment(s) afficient for approval.	
The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	· · · · · · · · · · · · · · · · · · ·	
(By a c	AUT HEIGALEUS ALL  lirector, president or other officer - if directors or officers have not been	
	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	AUT HOUS ALCOS VIV (Typed or printed name of person signing)	
	VP	
	(Title of person signing)	