## PH 0000 19049

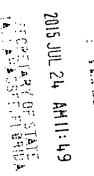
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Certified Copies	_ Certificates	of Status
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JUL 27 2014 C. CARROTHERS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: EL VIANDERO C	CORPORATION			
DOCUMENT NUMI	BER:				
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	MERLYN GONZALEZ				
		Name of Contact Person	 1		
	EL VIANDERO CORPORA	TION			
	Firm/ Company				
	450 EAST 30 ST APT 19				
	Address				
	HIALEAH, FL 33013				
		City/ State and Zip Cod	e		
barba	rarojaspa@gmail.com				
<del></del>	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
BARBARA ROJA		at (	356-2252		
Name o	of Contact Person	Area Code & Daytime Telephone Numb			
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate 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)		
Ame Divi P.O.	ling Address Indiment Section Is sion of Corporations Box 6327 Is shassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle		

Tallahassee, FL 32301

## to Articles of Incorporation

**Articles of Amendment** 

EL VIANDERO CORPORATION			
· (Name o	of Corporation as currently	y filed with the Florida Dept. of St	ate)
P14000089049			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006. Florida Statutes, this	Florida Profit Corporation adopts the	ne following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
N/A			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 corporation n	or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		450 EAST 30 ST APT 19	
		HIALEAH, FL 33013	
			<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		450 EAST 30 ST APT 19	1015 JUL 24
		HIALEAH, FL 33013	
			F
D. If amending the registered agent an new registered agent and/or the ne			AM II: 49
Name of New Registered Agent	MERLYN GONZALEZ		
	450 EAST 30 ST APT 19		
	(Florida str	eet address)	
New Registered Office Address:	HIALEAH	, Floric	33013 da
		(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	Р	IVIS M GONZALEZ	270 WEST 63 ST
Add			HIALEAH, FL 33012
X Remove			
2) Change	P	MERLYN GONZALEZ	450 EAST 30 ST APT 19
X Add		_	HIALEAH, FL 33013
Remove			
3) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)
N/A	
7,000	
	<u> </u>
***	
F. If an amendment provides for an excl	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
N/A	
IN/A	

The date of each amendmen		, if other than the
date this document was signed	 - 07/20/2015	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this che Department of State's records.	late will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment ere sufficient for approval.	(s)
	re approved by the shareholders through voting groups. <i>The following statemed for each voting group entitled to vote separately on the amendment(s):</i>	nent
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voung group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and sharehold	ler
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
07/18 Dated Signature <b>4</b>	Tei U Ki	
(I Si	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other composited fiduciary by that fiduciary)	
	IVIS M GONZALEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	•
	(Title of person signing)	