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(Ci	ty/State/Zip/Phone	e #)
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K. WHILE

15 DEC 31 AM 4: 27 FILED

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: LA COPA BAR &	RESTAURANT, INC.	
DOCUMENT NUMB	D15000007422		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	NELLY COUTO		
•		Name of Contact Persor	<u> </u>
	DAKOTA ACCOUNTING SERVICES INC.		
		Firm/ Company	
	13501 SW 128TH STREET SUITE 217		
•		Address	
	MIAMI, FL 33186		
•	1	City/ State and Zip Code	
DAKO	OTATAX@GMAIL.COM		
. —	•	sed for future annual report	notification)
	(••••••
For further information	concerning this matter, pleas	se call:	
NELLY COUTO		at (305	595 1252
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	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 endment Section sion of Corporations Box 6327	Amend Division Clifton	Address Iment Section on of Corporations Building

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

rticles of Incorpor of

15 DEC 31 AM 4: 27

LA COPA BAR & RESTAURANT, INC	·		SECRETARY OF STATE	
(Name o	of Corporation as curre		An Depth obstate) LUNIOA	
P15000007422				
	(Document Number	r of Corporation (if know	n)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, th	nis <i>Florida Profit Corpor</i> e	ation adopts the following amendment(s) to
A. If amending name, enter the new na	ıme of the corporation:			
			The new	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," of	r "Co". A professional		
B. Enter new principal office address,				
(Principal office address <u>MUST BE A S</u>	<u>TREET ADDRESS</u>)			
		 		
C. Enter new mailing address, if appli				
(Mailing address <u>MAY BE A POST</u>	<u>OFFICE BOX</u>)			
				
D. If amending the registered agent an new registered agent and/or the new			the name of the	
) DAKOTA ACCOUNTI	NG SERVICES INC.	
Name of New Registered Agent	12601 CW 120TH CT	PET OUTE 217		
	13501 SW 128TH STR	. 181		
	MIAMI,	street address)	32196	
New Registered Office Address:		(City)	, Florida 33186 (Zip Code)	
		(City)	(Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Age	ent:		
I hereby accept the appointment as regist	ered agent. I am familio	ar with and accept the obl	ligations of the position.	
	ASS (and.	•	
	Signature of New	w Registered Agent, if cha	unging	

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	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	MARISELA SALDANA	
Add X Remove			
2) Change	<u>B</u> .	PEDRO J FERNANDEZ	8218 W 8 AVENUE
X Add			HIALEAH, FL 33014
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
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f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

12/28/2015	
The date of each amendment(s) adoption:date this document was signed.	, if other than the
12/28/2015	
Effective date <u>if applicable</u> : (no more tha	n 90 days after amendment file date)
Note: If the date inserted in this block does not meet the apdocument's effective date on the Department of State's records	plicable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitled	
"The number of votes cast for the amendment(s) was/	were sufficient for approval
by(voting group)	"
(voting group)	
☐ The amendment(s) was/were adopted by the board of direct action was not required.	ors without shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators action was not required.	without shareholder action and shareholder
Dated	
Signature Signature	
	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	ary)
PEDRO J FERNANDEZ	
(Typed or print	ed name of person signing)
President	
(Ti	tle of person signing)