P15000013124

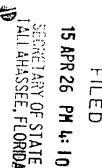
(Re	equestor's Name)			
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PICK-UP	WAIT	MAIL		
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Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				





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COVER LETTER

Division of Corporations NAME OF CORPORATION: Tagueria las Mariposas Corp DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: veina De La Cruz-Martinez

Name of Contact Person Taqueria Las Mariposos Corp Firm/Company 1 48TH St Apt B City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at (813) 985-0396

Area Code & Daytime Telephone Number 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

TO: Amendment Section

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

Taqueña Las Mariposas Corp	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P15000013124	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	g 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," "company," or "incorporated" or the ab "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must c word "chartered." "professional association," or the abbreviation "P.A." 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)	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:, Florida	
(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?	ಪ
	APR
Signature of New Registered Agent. if changing	77

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	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		Jose Wis Zaragoza	8739 N 48TH St Apt B, Tampa,
Add Remove			FL 33617
2) Change			
Remove			
Add			
Remove 4) Change			
Add Remove			
5) Change			
Remove			
6) Change			
Add Remove			

attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
 	
·	
an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
	<u>. </u>

The date of each amendment(s) adoption:	04/15/2015	, if other than the
date this document was signed.	<i>(1)</i>	
Effective date if applicable:	04/15/2015	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHEC	CK ONE)	
The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for approximation	areholders. The number of votes cast for the amendment(s) proval.	
	hareholders through voting groups. The following statement roup entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendm	nent(s) was/were sufficient for approval	
by		
(voting	z group)	
The amendment(s) was/were adopted by the boa action was not required.	ard of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the incoaction was not required.	corporators without shareholder action and shareholder	
Dated04115/2	2015	
Signature	7	
	or other officer – if directors or officers have not been orator – if in the hands of a receiver, trustee, or other court y that fiduciary)	•
	Cina Be La Cruz-Martinez (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	