Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : INREP, LLC

Account Number : I20170000048

Phone

: (954)816-0169 : (954)301-0210

Fax Number :

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: INREP@OUTLOOK.COM

WEST OF SEPTEMBERS

COR AMND/RESTATE/CORRECT OR O/D RESIGN TAQUERIA GONZALO CARNITAS INC

| Certificate of Status | 0 |
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2017 JUL -6 AM II: 30
SECHETATY OF STATE
TALLAHASSEE, FLORIDA

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JUL - 7 2017

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COVER LETTER

| Division of Corporations |
|--------------------------|
| NAME OF COPPORATIO |

| Division of Corp. | | | | | | | |
|--|---|---|--|--|--|--|--|
| NAME OF CORPOR | ATION: TAQUERIA GON | IZALO CARNITAS INC | | | | | |
| DOCUMENT NUME | | da , , , , , , , , , , , , , , , , , , , | | | | | |
| | of Amendment and fee are st | ibmitted for filing. | | | | | |
| Please return all corres | pondence concerning this ma | atter to the following: | | | | | |
| | MARTIN REYES | | | | | | |
| • | | Name of Contact Person | n | | | | |
| | | | | | | | |
| | Firm/ Company | | | | | | |
| | 7871 NW 11TH ST | | | | | | |
| • | | Address | | | | | |
| | PLANTATION, FL 33322 | | | | | | |
| | | City/ State and Zip Cod | 2 | | | | |
| INDE | P@OUTLOOK,COM | | | | | | |
| | · | sed for future annual report | notification) | | | | |
| | D man would to be a | ove 101 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | |
| For further information | concerning this matter, plea | se call: | | | | | |
| GONZALO AGUILA | R | nt (561 | 719-881R | | | | |
| Name o | 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 Feo Certificate of Status Certified Copy (Additional Copy is enclosed) | | | | |
| Mailing Address 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 | | | | | |

(((H17000176182 3))) FILED

Articles of Amendment to Articles of Incorporation 2017 JUL -6 AM 11: 30

SECRETARY OF STATE TALLAHASSEE, FLORIDA

| (Name of Corporation as curren | tly filed with the Florida Dept. of State |
|---|---|
| | |
| 15000023001 | |
| (Document Number | of Corporation (if known) |
| arsuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation: | s Florida Profit Corporation adopts the following amendments |
| If amending name, enter the new name of the corporation: | |
| | Тhe пеж |
| nne unist be distinguishable and contain the word "corporati lorp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or ord "chartered," "professional association," or the abbreviation | ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the |
| Cutan non reinstant office address if amplicables | N/A |
| Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>) | |
| | 110.11.01.01.01.01.01.01 |
| | |
| Enter new mailing address, if applicable: | N/A |
| (Mailing address MAY BE A POST OFFICE BOX) | N/A |
| (Manung anaress MAI DE A FOST OFFICE DOA) | |
| (Mulling uturess MAX BEATOSI OFFICE BOA) | |
| (maning university MAX BEATOST OFFICE BOA) | |
| | |
| . If amending the registered agent and/or registered office ad | |
| If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre | |
| If amending the registered agent and/or registered office ad | |
| If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address Name of New Registered Agent | 89: |
| . If amending the registered agent and/or registered office adeness registered agent and/or the new registered office address NAME of New Registered Agent N/A | ss: dreet address) |

To:

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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 | <u>PT</u> | John Do | <u>oc</u> | | | | |
|-------------------------------|--------------|-------------|---------------------|-----------------------------|--|--|--|
| X Remove | <u>v</u> | Mike Jo | nes | | | | |
| X Add | <u>sv</u> | Sally Smith | | | | | |
| Type of Action (Check One) | <u>Title</u> | | Name | <u>Addres</u> s | | | |
| 1) Change | VP | _ | AURA M LOPEZ VARGAS | 3365 S MILITARY TRAIL | | | |
| X Add | | | | LAKE WORTH, FL 33463 | | | |
| Remove | | | | | | | |
| 2) Change | | _ | | was not for the publishment | | | |
| Add | | | | | | | |
| Remove | | | | | | | |
| 3) Change | | _ | | | | | |
| Add | | | | | | | |
| Remove | | | | | | | |
| 4) Change | | _ | | | | | |
| Add | | | | | | | |
| Remove | | | | | | | |
| 5) Change | | | | | | | |
| Add | | | | , | | | |
| Remove | | | | | | | |
| | | | | | | | |
| 6) Change | | | | | | | |
| Add | | | , | | | | |
| Remove | | | | | | | |

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| E. <u>If amending or add</u> (Attach <i>additional sh</i> | ing additional Arti | cles, enter change (Be specific) | <u>(s) here</u> : | | |
|---|---------------------|---|---|----------------------|-------------|
| N/A | ·, g · · ····, , | , , , , | | | |
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| F. If an amendment p provisions for imp (if not applicate | lementing the ame | ndment if not con | tained in the amo | endment itself: | 1 |
| (if not applical | ble, indicate N/A) | | | | |
| N/A | | | | | |
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(((H17000176182 3))) The date of each amendment(s) adoption: date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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 cast 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 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) ... GONZALO AGUILAR (Typed or printed name of person signing)

PRESIDENT

Page 4.of 4

(Title of person signing).