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JUN 18 2014

C. CARROTHERS

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPO	RATION: ARCANGEL URI	EL RESTAURANT CORP						
DOCUMENT NUMBER: P15000047138								
The enclosed Articles of Amendment and fee are submitted for filing.								
Please return all corre	espondence concerning this ma	tter to the following:						
	AIXA MORENO							
		Name of Contact Person	1					
	ARCANGEL URIEL RESTA	AURANT CORP						
		Firm/ Company						
	40 W 10 STREET APT 1A							
		Address						
	HIALEAH FL 33010							
		City/ State and Zip Cod	e					
	E-mail address: (to be us	sed for future annual report	notification)					
For further information concerning this matter, please call:								
AIXA MORENO		at (312-0215					
Name	of Contact Person	at (786) 312-0215 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 & 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)					
Mailing Address		Street Address						
Amendment Section		Amendment Section						
Division of Corporations		Division of Corporations						
P.O. Box 6327		Clifton Building 2661 Executive Center Circle						
Tallahassee, Fl. 32314		2001 13	ACCULIVE CERTET CIFCIE					

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ber of Corporation (if known) this Florida Profit Corporation adopts the following amendments:	JUI -8 ⊕M 2:	
this Florida Profit Corporation adopts the following amendmen	CS nt(++) to	
- 1	nt (s) to	1
<u>m:</u> - 플러		
Office and the second of the s		
The new	9	
oration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the tion "P.A."		
341 W 23 STREET		
HIALEAH FLORIDA 33010		
40 W 10 STREET APT 1A		
HIALEAH FL 33010		
address in Florida, enter the name of the dress:		
da street address)		
, Florida		
(City) (Zip Code)		
gent: iliar with and accept the obligations of the position.		
· ·	ration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the ion "P.A." 341 W 23 STREET HIALEAH FLORIDA 33010 40 W 10 STREET APT IA HIALEAH FL 33010 address in Florida, enter the name of the dress: (City) .Florida	ration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the ion "P.A." 341 W 23 STREET HIALEAH FLORIDA 33010 40 W 10 STREET APT IA HIALEAH FL 33010 address in Florida, enter the name of the dress: da street address) , Florida

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if necessary).	(Be specific)	
		<u> </u>
	·	
		<u> </u>
		<u></u>
an amendment provides for an excl	ange, reclassification, or cancellation of issu	ied shares.
provisions for implementing the ame	ndment if not contained in the amendment i	tself:
(if not applicable, indicate N/A)		
		·
		,

The date of each amendment(s) adoption:	, if other than the
date this document was signed. JUNE 2ND 2015 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 with document's effective date on the Department of State's records.	ll not be listed as the
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	
by" (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.	
06/02/2015 David	
Signature * arya Money	
(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)	_
AIXA MORENO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	