PISCOCY9419

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: MI RANCHO MEX	XICAN GRILL INC	
DOCUMENT NUMI	P15000049419		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this mat	tter to the following:	
	LUIS E GUERRA SANTOS	8	
		Name of Contact Person	L
	MI RANCHO MEXICAN GI	RILL INC	
		Firm/ Company	
	2157 WEST FLAGLER ST		
		Address	
	MIAMI FL 33135		
		City/ State and Zip Code	<u> </u>
hilda	pereznimo@hotmail.com		
	-	sed for future annual report	notification)
	n concerning this matter, pleas		
LUIS E GUERRA SANTOS		at (4876226
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	irtment of State:
■ \$35 Filing Fee	☐S43.75 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)
An Địy P.C	iling Address tendment Section rision of Corporations b. Box 6327 lahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301

Articles of Amendment to Articles of Incorporation of

М	RANCHO	MEXICAN	GRILL	INC

P15000049419 (Document Number of Corporation (if known Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> its Articles of Incorporation:	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corpor	
	ation adopts the following amendment(s) of
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "company," or "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional	The new incorporated" or the abbreviation corporation name must contain the
word "chartered," "professional association," or the abbreviation "P.A."	10 10 10 10 10 10 10 10 10 10 10 10 10 1
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	9 21
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)

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 = Trustec: 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	\underline{V}	Mike Jones	
X Add	\underline{SV}	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Address</u>
1) Change	Р	LUIS E GUERRA SANTOS	937 NW 7 CT #3
X Add			MIAMI LF 33136
Remove			
2) Change	P	MANUEL BONILLA	2157 WEST FLAGLER STREE
Add X			MIAMI FL 33135
Remove 3) Change	VP	MANUEL BONILLA	2157 WEST FLAGLER STREE
<u>X</u> Add			MIAMI FL 33135
Remove			
4) Change			
Add Remove			
Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
, ,	
	<u> </u>
نسخة متنافح ومستها هشتان والمسابات الداعمية الهت	المعاصب المعامرين ومامعو والمستوانية والمحارفة الأوادات والمستحد والمستوانيين المراك المركب المركب
<u> </u>	
	-
<u> </u>	
	<u> </u>
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
Address of the Library Programme Attack	
(if not applicable, indicate N/A)	
(if not applicable, indicate MA)	

09/05/2018	
The date of each amendment(s) adoption:, if other	than the
date this document was signed. 09/05/2018	
Effective date if applicable:	
tno more than 90 days after amendment file date)	
Note: If the date insorped in this block does not meet the applicable want my filing requirements, this date will not be liste document's effective date on the Department of State's records.	d 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" tvoting group)	
(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.	
09/05/2018	
Dated	
Signature MANUAC BONICLA	
(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)	
MANUEL BONILLA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of nerson signing)	