P1500068490

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C. GOLDEN APR 1 6 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: M& F	INTERNA	TIONAL RESTAURANT.	INC
DOCUMENT NUMBER: P 150000			
The enclosed Articles of Amendment at	nd fee are su	bmitted for filing.	
Please return all correspondence concer	ning this ma	tter to the following:	
JUAN CASTILL	O		
		Name of Contact Person	1
M & F INTERN	ATIONAL I	RESTAURANT,INC	
		Firm/ Company	
2395 TAMIAMI	TRAIL, UN	• •	
		Address	
PORT CHARLO	TTE, FL 33	952	
		City/ State and Zip Code	c
TONYGARCIA6003@	GMAIL.CO	ЭМ	
_		sed for future annual report	notification)
For further information concerning this	matter, pleas	se call:	
TONY GARCIA MORENO		at (6236272
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the following an	nount made ¡	payable to the Florida Depa	irtment of State:
S35 Filing Fee S43.75 Fil Certificate		□\$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 Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

F1 30 2018 APR 13 AMT.: 28

M & FINTERNATIONAL RESTAURANTING

/Nama	of Corneration as autrently	filed with the Florida Dept. of State)	
P 15000068490	or Corporation as currently	med with the Piorida Dept. of State)	
•	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	ilorida Profit Corporation adopts the following amendment(s) t	
A. If amending name, enter the new na	ame of the corporation:		
EL RINCON DEL MOFONGO , INC		The new	
	ation "Corp," "Inc." or "C	" "company," or "incorporated" or the abbreviation on the abbreviation of the abbrevia	
B. Enter new principal office address, (Principal office address MUST BE A S			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1060 MALAY TERRACE	
		PORT CHARLOTTE , FL 33948	
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent	d/or registered office address: W registered office address: JOSE A GARCIA	ss in Florida, enter the name of the	
	1060 MALAY TERRACE		
	(Florida stre	n address)	
New Registered Office Address:	PORT CHARLOTTE ,FL	33948	
		City) (Zip Code)	
New Registered Agent's Signature, if cl I hereby accept the appointment as regist	ered agent. I am familiar w.	th and accept the obligations of the position. Special section of the position of the positio	

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>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			_
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			B1 1
6) Change			
			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	<u></u> .		
				
-				
145.5				
		-		
	 			
		- ·		
	-			
	 			
f an amendment provides for an exch provisions for implementing the ame	ange, reclassification, ndment if not contains	or cancellation of issed in the amendment	sued shares, itself:	
(if not applicable, indicate N/A)				
 				
		•		

•	04/10/2018	
The date of each amendment(s) add	option:	, if other than th
date this document was signed.		
Effective date if applicable:		
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this daternment of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were suf	sted by the shareholders. The number of votes east for the amendment(ficient for approval.	s)
	oved by the shareholders through voting groups. The following statement of the control of the control of the shareholders through voting group entitled to vote separately on the amendment(s);	ent
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopt action was not required.	nted by the board of directors without shareholder action and shareholder	er
☐ The amendment(s) was/were adopaction was not required.	oted by the incorporators without shareholder action and shareholder	
04/10/2018 Dated Signature		
	rector president or other officer - if directors or officers have not been	
	, by an incorporator – if in the hands of a receiver, trustee, or other cour	rt
appointe	d fiduciary by that fiduciary)	
J	UAN CASTILLO	
-	(Typed or printed name of person signing)	
Ī	PRESIDENT	
-	(Title of parcon cinning)	