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(Address)				
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(Business Entity Name)				
(Document Number)				
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SECRETARY OF STARK.

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: Mi Buenos Aires C	Querido Restaurant Corp				
DOCUMENT NUMBER: P16000001137						
•	Amendment and fee are su	ibmitted for filing.				
Please return all correspo	ondence concerning this ma	itter to the following:				
		Pablo S. Giordano				
		Name of Contact Perso				
	M.D.,					
·	Mi Bue	enos Aires Querido Restaur	rant Corp.			
		Firm/ Company				
_		3458 SW 8th Street				
	Address					
	Miami FL 33135					
	City/ State and Zip Code					
		n/a				
	E-mail address: (to be us	sed for future annual report	notification)			
For further information c	oncerning this matter, pleas	se call:				
Pablo S. Giordano		at (786	878-3037			
Name of	Contact Person		de & Daytime Telephone Number			
Enclosed is a check for the	ne following amount made p	payable to the Florida Depa	artment of State:			
■ \$35 Filing Fce	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fec & 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 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

" Mi Buenos Aires Querido Restaurant Corp"

	Tido Nosida iliti oo p
(Name of Corporation as	currently filed with the Florida Dept. of State)
P160000	001137
(Document)	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corpor	ation:
NONE	The new
	orporation," "company," or "incorporated" or the abbreviation nc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRES</u>	(S) 3458 SW 8th Street
	Miami-FL 33135
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	3458 SW 8th Street
	Miami-FL 33135
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agentnone	100 100 100 100 100 100 100 100 100 100
Nume of New Regioner et Argent	The state of the s
. (F	Florida street address)
New Registered Office Address:	, Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am j	
Signature	of New Registered Agent, if changing

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: XChange	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<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			
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provisions for	or <u>implementing</u>	g the amendm	ent if not cont	ained in the a	mendment itse	lf:	
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,	02/12/2016	
The date of each amendmen		, if other than the
date this document was signed		
	02/12/2016	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this dat he Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/web by the shareholders was/was	re adopted by the shareholders. The number of votes cast for the amendment(sere sufficient for approval.)
	re approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	nt ·
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	100 %	
	(voting group)	,
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required. 02/12/ Dated Signature		
(B se	by a diffector, president or other officer – if directors or officers have not been dected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	
	Pablo S. Giordano	
	(Typed or printed name of person signing)	
	Vice President	
	(Title of person signing)	