## P160000005241

(Re	equestor's Name)	_
(Ad	ldress)	
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(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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AUG 2 5 2021 LALBRITTON

## COVER LETTER

TO: Amendment Section

Division of Corporations					
NAME OF CORPORATION: 105 +	es Golpes Inc				
DOCUMENT NUMBER: Y 160000	0 3 2 7 1				
The enclosed Articles of Amendment and fee are su	bmitted for filing.				
Please return all correspondence concerning this ma	tter to the following:				
Elsa	Martinez				
Los Tres	Martine? Name of Contact Person 6dpes Inc				
	Firm Company				
320 NE 3					
Oakland Par	K F1 33334 City/ State and Zip Code				
	City/ State and Zip Code				
el carbonero latin food @ gmail. Com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
O1	at ( 954 ) 534 - 2002  Area Code & Daytime Telephone Number				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)				
Mailing Address	Street Address				
Amendment Section	Amendment Section Division of Corporations				
Division of Corporations P.O. Box 6327	The Centre of Tallahassee				
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				



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Letter Number: 921A00017841

## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 29, 2021

ELSA MARTINEZ 3011 N. ANDREWS AVE #4 WILTON MANORS, FL 33311

SUBJECT: LOS TRES GOLPES, INC.

Ref. Number: P16000005241

We have received your document for LOS TRES GOLPES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears you wish to file an amendment not a new filing. Please see the enclosed amendment form to make changes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

www.sunbiz.org

Articles of Ame	endment		
to Articles of Incor	poration		
of of	poración		
Los Tres Golpe	s INC		<del> </del>
(Name of Corporation as currently f		e e	
P16 00000	5241		
(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Statutes, the statutes of the statutes o	orida Profit Corporation adopts the i	following amendn	nent(s) to
A. If amending name, enter the new name of the corporation:			
		The ne	
name must be distinguishable and contain the word "corporation," "cor "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A particle of "professional association," or the abbreviation "P.A."	npany," or "incorporated" or the abl professional corporation name mus	breviation "Corp., t contain the wor	." rd
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	nla	203	
		2021 1.0%	
			ني ا سياري داده
C. Enter new mailing address, if applicable:		19	
(Mailing address MAY BE A POST OFFICE BOX)	ηιν		1 1
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		فَ ```	
D. 16 dia a the majorana de anatematica de ancieta and a filia a different	u in Elasida, antautha nama aftha		
<ol> <li>If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:</li> </ol>	s in Florida, enter the name of the		
	nla		
Name of New Registered Agent	**(0'		
(Florida street	address)		
New Registered Office Address: 3011 N Anolkw	Save #4 Florida	33311	
WITON HAW	OKS	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the pe	osition.	
× EJUWS			
Signature of New Regi	istered Agent, if changing		

Check if applicable

☐ The amendment(s) is 'are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 = Chie
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 Doc X Remove V Mike Jones  $\underline{X}$  Add <u>SV</u> Sally Smith Type of Action **Title** (Check One) 1) \_\_\_\_ Change X Add \_\_\_\_ Remove 2) \_\_\_\_ Change \_\_\_\_ Add \_ Remove 3) \_\_\_\_ Change \_\_\_\_\_ .Add \_\_\_\_ Remove 4) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_Remove 5) \_\_\_\_ Change \_\_ Add \_\_\_\_ Remove 6) \_\_\_\_ Change

\_\_\_\_ Add

(Attach additional	Iding additional Article sheets, if necessary). (1	s, enter change(s) her	<u>e</u> :		
(Attach adamonar)	sneets, if necessary). (	ne specyic)			
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F. If an amendment	provides for an exchang	ge, reclassification, or	cancellation of issued	l shares,	
<u>provisions for im</u> (if not applica	plementing the amenda able, indicate N/A)	ment if not contained	in the amendment its	211:	
		\			
		- · · · · ·		<del></del>	

			,	
The date of each amendment(s) ado date this document was signed.	option: 07	1/2021		, if other than the
Effective date <u>if applicable</u> :		202\ 90 days after amendment	file date)	<del></del>
Note: If the date inserted in this blo document's effective date on the Department.		icable statutory filing rec	quirements, this date will r	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adopt action was not required.	ted by the incorporators, or	board of directors witho	ut shareholder action and s	hareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suff		he number of votes east f	or the amendment(s)	
☐ The amendment(s) was/were appromust he separately provided for ea	ich voting group entitled to	) vote separately on the a	mendment(s):	
"The number of votes cast fo	τ the amendment(s) was/w	ere sufficient for approva	al .	
by	(voting group)			
Dated	7/19/2021	**************************************		
Signature / E	Ctor, president or other off	icer – if directors or offic	ers have not been	-
selected,	by an incorporator – if in t I fiduciary by that fiduciar	he hands of a receiver, tru		
_		lartinez		
	(Typed or printed	name of person signing)		
		<del>.</del>		