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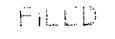
TO: Amendment Section Division of Corporations

*, \ *

NAME OF CORPORATION: LAS BRISAS RE	STAURANT MEXICANO	CORP
DOCUMENT NUMBER: P16000005561		
The enclosed Articles of Amendment and fee are su	abmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
ESPERANZA BARRUETA-	-ARIAS	
	Name of Contact Person	n
LAS BRISAS RESTAURAN	NT MEXICANO CORP	
 ;	Firm/ Company	····
136 PONDELLA RD	. ,	
	Address	
NORTH FORT MYERS FL	33903	
-	City/ State and Zip Cod	e
gebarrueta@hotmail.com		
E-mail address: (to be us	sed for future annual report	notification)
·	•	,
For further information concerning this matter, please	se call:	
ESPERANZA BARRUETA-ARIAS	239 at (234-3802
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
\$35 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 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



LAS BRISAS RESTAURANT MEXICANO CORP

16 JUL 22 AM 10: 04

to

(Name of Corpora	ation as currently filed with the Florida Dept. of State
P16000005561	Light Company of the
(Doct	ument Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	ida Statutes, this Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new name of the	corporation:
	The new ord "corporation," "company," or "incorporated" or the abbreviation rp," "Inc," or "Co". A professional corporation name must contain the he abbreviation "P.A."
3. Enter new principal office address, if applicable in the principal office address MUST BE A STREET AL	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	(OX)
D. If amending the registered agent and/or registered new registered agent and/or the new registered	tered office address in Florida, enter the name of the
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing R hereby accept the appointment as registered agent	egistered Agent: I am familiar with and accept the obligations of the position.
	anature 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: X Change	<u>PT</u>	John D	<u>oe</u>	
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	v	_	GABRIEL BARRUETA VENCES	1421 KEUKA AVE
Add				NORTH FORTMYERS FL 33917
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				<u></u>
5) Change				
Add		_	-	
Remove				
6) Change		_		
Add				
Remove				

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	(Attach additional she	ng additional Articles, enter ets, if necessary). (Be speci	<u>enange(s) nere</u> . ific)		
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	(if not applicable	e, indicate N/A)		_	
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				<u>.</u>	

	JUNE 20 2016	
The date of each amendment(s)	adoption:	, if other than th
date this document was signed.		
Effective date if applicable:	NE 20 2016	•
	(no more than 90 days afte	er amendment file date)
Note: If the date inserted in this document's effective date on the I		tory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number o sufficient for approval.	of votes cast for the amendment(s)
	pproved by the shareholders through voting or each voting group entitled to vote separa	
"The number of votes can	st for the amendment(s) was/were sufficien	at for approval
by	(voting group)	
	(voting group)	
action was not required.	dopted by the board of directors without shaped opted by the incorporators without shareh	
action was not required.		
JUNE Dated	20 2016	
Signature		
(By a selec	director, president or other officer – if directed, by an incorporator – if in the hands of inted fiduciary by that fiduciary)	
	ESPERANZA BARRUETA ARIAS	
	(Typed or printed name of pe	erson signing)
	PRESIDENT	
	(Title of person s	signing)