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(R	equestor's Name)	
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(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
·	,	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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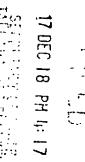




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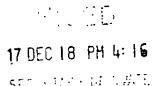
COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: LAS BRISAS RES	TAURANT MEXICANO	CORP.
DOCUMENT NUM	D16000005561	·	
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
	MIGUEL RODRIGUEZ		
		Name of Contact Person	n
	LAS BRISAS RESTAURAN	T MEXICANO CORP	
		Firm/ Company	
	136 PONDELLA ROAD		
		Address	
	NORTH FORT MYERS, FL	33903	
		City/ State and Zip Cod	c
LAS	BRISASMEX@GMAIL.COM		
.	E-mail address: (to be us	ed for future annual report	notification)
For further information	on concerning this matter, pleas	e call:	
CLAUDIA CASILL	AS	at (
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made p	payable to the Florida Depu	artment of State:
□ \$35 Filing Fee	□\$43.75 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)
Am Div P.C	niting Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



LAS BRISAS RESTUARANT MEXICANO CORP

(Name of	Corporation as currently	filed with the Florida Dept. of State) Built
P16000005561		
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this <i>F</i>	Ilorida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new nam	e of the corporation:	
N/A		The new
	ion "Corp," "Inc," or "C	" "company," or "incorporated" or the abbreviation of the Aprofessional corporation name must contain the
		N/A
B. Enter new principal office address, if (Principal office address MUST BE A STE		
	, , , , , , , , , , , , , , , , , , ,	
C. Enter new mailing address, if applica		N/A
(Mailing address <u>MAY BE A POST O</u>	FFICE BOX)	
D. If amending the registered agent and/		ess in Florida, enter the name of the
new registered agent and/or the new		
Name of New Registered Agent	MIGUEL RODRIGUEZ	
7	07 NED AVENUE NORT	Н
	(Florida stre	et address)
L Company	EHIGH ACRES	33971
New Registered Office Address:		, Florida City) (Zip Code)
	·	
		·
New Registered Agent's Signature, if cha	inging Registered Agent:	
		ith and accept the obligations of the position.
1, 1	11 ~	
fl	11-0	gistered Agent, if changing
·	Signature of New Re	gistered 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.

X Change	<u>PT</u>	<u>John</u>	<u>Doe</u>	
X Remove	<u>v</u>	<u>Mike</u>	Jones	
X Add	<u>sv</u>	Sally	Smith	
Type of Action (Check One)	<u>Tit</u>	<u>tle</u>	<u>Name</u>	<u>Addres</u> s
1) Chang	ge P		ESPERANZA BARRUETA ARIAS	1421 KEUKA AVE
Add				NORTH FORT MYERS, FL 3390
X Remo	ove			
2) Chang	р gc		MIGUEL RODRIGUEZ	707 NED AVENUE NORTH
X Add				LEHIGH ACRES, FL 33971
Remo	ove			
3) Chan	ge V	_ 	CLAUDIA CASILLAS	707 NED AVENUE NORTH
X Add				LEHIGH ACRES, FL 33971
Remo	ove			
4) Chang	ge			
Add				
Remo	ove			
5) Chang	ge			
Add				
Remo	ove			
6) Chang	<u>te</u>			
Add				
Remo	ove			

E. If amending or adding additional Article (Attach additional sheets, if necessary).	(Be specific)
N/A	
- 	
-	
	
-	·
· <u></u>	
. If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
i/A	
	···

	DECEMBER 8, 2017	
The date of each amendment(s	adoption:	_, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	PECEMBER 8, 2017	
Enective date in applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	· ·	
-, 	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
DECE	MBER 8, 2017	
Signature		_
selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	
	MIGUEL RODRIGUEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	