P16000012205

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: WAYKUNA PERUVIAN RESTAURANT INC
DOCUMENT NUMBER: P16000012205
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MIRYAM L HANDSCHIN
Name of Contact Person
WAYKUNA PERUVIAN RESTAURANT INC
Firm/ Company
5205 JOHNSON STREET
Address
HOLLYWOOD FL 33021
City/ State and Zip Code
BASTO.MORALES@GMAIL.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MIRYAM L HANDSCHIN at (954 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 Certificate of Status Certified Copy (Additional copy is enclosed) □ \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed) □ \$52.50 Filing Fee & 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

WAYKUNA PERUVIAN RESTAURANT INC

	as currently filed with the Florida Dept. of State)	
P10	000012205	
(Docume	1 Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida sits Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment	ent(s) t
A. If amending name, enter the new name of the cor	oration:	
	The new "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the breviation "P.A."	,
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADD (</u>	ESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX		
(making dadress <u>MAT BE A FOST OF FICE BOX</u>		4
	- CI	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
Nac Bridge 14 (15)		
New Registered Agent's Signature, if changing Regis hereby accept the appointment as registered agent. It	erea Agent: m familiar with and accept the obligations of the position.	
	re 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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) X Change	S		JOSE L MENDEZ SARMIENTO	8203 W SAMPLE RD APT 15
Add			·	CORAL SPRINGS FL 33065
Remove				
2) Change	VP		MARIA FELIZOLA	8310 NW 39TH COURT
X Add				COOPER CITY FL 33024
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add		_		
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
1000	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nument if not contained in the amendment useu:

The date of each amendment(s) adoption:, if other than the
date this document was signed.
Effective date if applicable: (no more than 90 days after amendment file date)
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
05/24/2016 Dated
Signature Vinyam Handshi
(By a director, president or other officer - if directors or officers have not been
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
MIRYAM L HANDSCHIN
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)