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COVER LETTER

TO: Amendment Section*

Division of Corporations NAME OF CORPORATION: WAYKUNA PERUVIAN RESTAURANT INC. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **MARIO CAMPOS** Name of Contact Person Firm/ Company 15800 PINES BLVD, SUITE 348 Address PEMBROKE PINES, FL 33027 City/ State and Zip Code mcampossr@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARIO CAMPOS Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & **■**\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

WAYKUNA PERUVIAN RESTAURANT INC.

WATKONATEROVIAN RESTAURANTING.				
P16000012205	filed with the Florida Dept. of State	<u>2</u>)		
	Corporation (if known)	·		
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:		followin	ig amen	ıdment(s
A. If amending name, enter the new name of the corporation:				
			The	now
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation nam			ation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)				
			3167	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		28	呂	· H
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D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:		西注 日本	: 2	
		<u> </u>	•	
Name of New Registered Agent			-	
(Florida stre	et uddress)		-	
New Registered Office Address:				
	, Florida_ <i>City)</i>	(Zip t	Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the pe	osition.		
G			_	
Nignature of New Ro	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)

Example:

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>	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	VP	MARIA FELIZOLA	8310 NW 39 CT.
Add			COOPER CITY, FL 33024
X Remove			
2) X Change	P	MIRYAM L. HANDSCHIN 51%	5205 JOHNSON ST.
Add			HOLLYWOOD, FL 33021
Remove			
3) Change	VP	CELJA MEZA DUSEK 44%	9537 WALDEN CIRCLE APT.I 20
X Add			TAMARAC, FL 33323
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

	necessary). (Be s _l	pecific)			
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If an amendment provides	for an exchange, r	eclassification, or o	ancellation of issued	shares,	
provisions for implementi	ng the amendment	eclassification, or o	cancellation of issued the amendment itse	l shares, lf:	
provisions for implementi (if not applicable, indic	ng the amendment cate N/A)	t if not contained in	cancellation of issued the amendment itse	l shares, lf:	
provisions for implementi (if not applicable, indic IIRIAM L. HANDSCHIN	ng the amendment cate N/A) 51% SHARES	t if not contained in	ancellation of issued the amendment itse	l shares, lf:	
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DECEMBER 1ST, 2016	
The date of each amehdment(s) adoption:	, if other than the
date this document was signed.	
DECEMBER 1ST., 2016 Effective date if applicable:	
(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 document's effective date on the Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the ame by the shareholders was/were sufficient for approval.	ndment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"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 shaction was not required.	areholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareh action was not required.	older
Dated 12.02.16	
Dated_12.02.16 Signature_Yinyan Handden	<i>,</i>
(By a director, president or other officer – if directors or officers have a selected, by an incorporator – if in the hands of a receiver, trustee, or of	
appointed fiduciary by that fiduciary)	ner court
MIRYAM L. HANDSCHIN	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person cigning)	