# P16000016668

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Special Instructions to	Filing Officer:				
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#### **COVER LETTER**

Amendment Section Division of Corporations
NAME OF CORPORATION: MR. GOO'S GALL JUC.
BOCUMENT NUMBER: P160000 16668
The enclosed Articles of Amendment and fee are submitted for filing.
Cease return all correspondence concerning this matter to the following:
Nancy C Rodrigue 3 Alvares  Name of Contact Person  Mr. Coco's Grill Inc.
1703 A 10th Street  Address  Saint Cloud Fl 34771
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  Jasmine Ballesteros  Nancy C. Rodriguez  at (321, 900 8571(Spanish)  Area Code & Daytime Telephone Number
closed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

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#### **Articles of Amendment**

to

## Articles of Incorporation of

MR. (oco's	Grill	INC		
(Name of Corporati	ion as currently f	iled with the Florida	Dept. of State)	
<u> </u>	9668			
(Docum	nent Number of C	orporation (if known)		
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this <i>Flo</i>	orida Profit Corporatio	on adopts the fo	llowing amendment(s)
A. If amending name, enter the new name of the co	orporation:			<del></del>
	NI	7		The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADI	o," "Inc," or "Co abbreviation "P.2	". A professional cor		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X</u> )	N/A		
5 6 5 4				
D. If amending the registered agent and/or registered new registered agent and/or the new registered		s in Florida, enter the	name of the	
	w \	A		
Name of New Registered Agent	— N L	17		
·				
	(Florida street	address)		
New Registered Office Address:			, Florida	
	(Ci	(ty)		(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	<u>ristered Agent:</u> I am familiar with	and accept the obliga	tions of the pos	ition.
Sign	ature of New Regi	istered Agent, if changi	ng	

### 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.

Evamples	e, ana sai	ty Smun,	SV as an Ada.		
Example: XChange	<u>PT</u>	John D	<u>oe</u>		
X Remove	<u>V</u>	Mike J	ones		
<u> </u>	<u>sv</u>	Sally S	mith_		
Type of Action (Check One)	Title		Name		Address
i)ChangeAdd Remove	P	_	<u>Jasmin</u>	e m Ballest	eros. 4856 Terra Sole P Baint Cloud. F1.34771
2)Change	NF	<del>-</del>	<u>Fabian</u>	A Ballesten	os 4856 Terra Sole Pl Saint Cloud F1 34771
Add					
3 ) Change		-			
Remove					
4) Change Add		<del></del>			
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Add	·	_			
Remove Change					
ChangeAdd				<del> </del>	
Remove					

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	ndment provides for an exch ns for implementing the ame	ndment if not co	ation, or cancellation of ntained in the amendr	or issued snares, nent itself:	
provision	4 1: 11 : 1: 4 37/45				
provision	ot applicable, indicate N/A)				
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provision (if no	ot applicable, indicate N/A)		V/A		
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 $\vec{B}$ 

The date of each amendment(s) adoption: date this document was signed.	, if other than the
* ffective 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, this date document's effective date on the Department of State's records.	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 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	
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.	, , , M.,
Dated 05-14-2016.	ind Conflation
Signature Condina Red Control	gyy).
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	•
ancy Rodriquez: Leonardo Fermin - Jasmine Ballesteros (Typed or printed name of person signing)	s. Fabian Balle
President; Vice President; President; Vice President; (Title of person signing)	rolent.