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4 4/22/2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: PALACIO SABOI	R LATINO INC.	
DOCUMENT NUMBI	P16000022227		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
l	DAYMI CANDELARIO PR	ADO	
-		Name of Contact Person	1
F	ALACIO SABOR LATINO	INC.	
-		Firm/ Company	
i	3220 SW 50 STREET	· ····································	
_		Address	
N	MIAMI, FLORIDA 33175		
_		City/ State and Zip Code	•
d	aymicp.dc@gmail.com		
_	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	877-8450
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	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 nassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

PALACIO SABOR LATINO INC.

(Name o	of Corporation as currently	filed with the Florida Dept, of Sta	nte) 2022 APR -4	PM 13: 05
P16000023327			C	
	(Document Number of	Corporation (if known)	TALLAHAS	SEE TATE
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation adopts th		
A. If amending name, enter the new na	ame of the corporation;			
			The new	
name must he distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co". A	mpany," or "incorporated" or the c professional corporation name m	abbreviation "Corp.," ust contain the word	, I
B. Enter new principal office address. (Principal office address MUST BE A S				
		· · · · · · · · · · · · · · · · · · ·		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)				
Truming dual ess MAT DE A 1 051	VITICE HOW			
			·	
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the name of the	<u>he</u>	
	DAYMI CANDELARIO F	'RADO		
Name of New Registered Agent	13220 SW 50 STREET	<u></u>		
	(Florida stree	et address i		
Van Basiniana d Office Addison	MIAMI	·	33175	
New Registered Office Address:	(0	City)	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist		th and accept the obligations of the	position.	
	Δ			
4				
	Signature of New Res	gistered Agent, if changing	 _	
G1 1:5 11 11		, 6, ,66		
Check if applicable The amendment(s) is/are being filed p	oursuant to s. 607.0120 (11) (e). FS		

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	PT	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	DAYMI CANDELARIO PRADO	13220 SW 50 STREET
X Add			MIAMI, FL 33175
Remove			
2) Change			
Add			
Remove 3) Change	<u></u>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)
F. 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)
SHARES WILL BE DISTRIBUTED AS FOLLOWS:
DAYMI CANDELARIO PRADO - 50% OF OWNERSHIP STOCK SHARES
OSMEL SAN MARTIN MENA - 50% OF OWNERSHIP STOCK SHARES

, , , , , , , , , , , , , , , , , , ,	JANUARY 1, 2022	
The date of each amendmen	t(s) adoption:	, if other than the
date this document was signed	1. JANUARY 1, 2022	
Effective date if applicable:		
	(no more than 90 days after amendment fi	le date)
Note: If the date inserted in document's effective date on	this block does not meet the applicable statutory filing require Department of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without	shareholder action and shareholder
	re adopted by the shareholders. The number of votes east for ere sufficient for approval.	the amendment(s)
	s cast for the amendment(s) was/were sufficient for approval (voting group)	endment(s):
	(voining group)	
	RCH 14, 2022	
Dated		
Ci		
S	By a director, president or other officer – if directors or officer elected, by an incorporator – if in the hands of a receiver, trus prointed fiduciary by that fiduciary)	s have not been tee, or other court
-		
	OSMEL SAN MARTIN MENA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	