45000019

| (Re | questor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) | |
| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |

Office Use Only



900299049779

05/09/17--01031--017 **52.50



MAY 16 2017

R. WHITE



COVER LETTER

TO: Amendment Section Division of Corporations

| Division of Corpe | | | |
|---------------------------|---|--|--|
| NAME OF CORPOR | LA CHURRASQI ATION: | UERIA, INC. | |
| DOCUMENT NUMB | P 16000024074 | | |
| | | shmitted for filing | |
| The enclosed Afficies i | f Amendment and fee are su | ionnaed for rung. | |
| Please return all corresp | condence concerning this ma | tter to the following: | |
| 1 | FRANK R. SARIOL | | |
| | ΓΗΕ SARIOL GROUP, LLC | Name of Contact Pe | rson |
| - | | Firm/ Company | |
| \$ | 3200 NW 41st STREET, SU | ITE 315 | • |
| - | | Address | |
| 1 | DORAL, FLORIDA 33166 | | |
| _ | | City/ State and Zip C | ode |
| FSAR | OL@ME.COM | | |
| | E-mail address: (to be us | sed for future annual rep | ort notification) |
| | | | |
| For further information | concerning this matter, pleas | se call: | |
| FRANK R. SARIOL | | 305 at (| 934-7090 |
| Name of | Contact Person | Area | Code & Daytime Telephone Number |
| Enclosed is a check for | the following amount made p | payable to the Florida D | epartment of State: |
| □ \$35 Filing Fee | ☐\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Amen Divisi | ng Address dment Section on of Corporations 30x 6327 | Ame Divi | et Address endment Section sion of Corporations on Building |

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation of

17 MAY -9 PH 12: 13

LA CHURRASQUERIA INC

(Name of Corporation as currently filed with the Florida Dept. of State)

| | | 00024074 r of Corporation (if known | wn) |
|--|--------------------------|--|---|
| ursuant to the provisions of section 607 s Articles of Incorporation: | | | eration adopts the following amendment(|
| . If amending name, enter the new n | ame of the corporation: | | The new |
| me must be distinguishable and cor Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa | nation "Corp," "Inc," or | · "Co". A professional | "incorporated" or the abbreviation |
| Enter new principal office address. Principal office address <u>MUST BE A S</u> | | | |
| | | | |
| Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | | 8200 NW 41st STREET | |
| | | DORAL, FLORIDA 33166 | |
| . If amending the registered agent ar new registered agent and/or the ne | | ss: | the name of the |
| Name of New Registered Agent | 8200 NW 41st STREET | SUITE 315 | |
| | (Florida s | street address) | |
| New Registered Office Address: | DORAL | | 33166 , Florida |
| New Registered Office Address: | | | (Zip Code) |

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 | ¥ | Mike Jones | | |
| X Add | <u>sv</u> | Sally Smith | | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s | |
| l)Change | P | RAULA BUSTOS NAVARRO | 2134 NW 14 PLACE | |
| Add | | | HOMESTEAD, FL 33030 | |
| XX Remove | | | | |
| 2)Change | Р | LESLIE GRACE TAYLOR | 15031 SW 146TH STREET | |
| XX Add | | | MIAMI, FLORIDA 33196 | |
| Remove | | | | |
| 3) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | The state of the s | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |

| attach additional sheets, if necessary). | cles, enter change(s) here: (Be specific) | | |
|---|--|--|--------------|
| | | | |
| | | | <u> </u> |
| | | | |
| | | ··· | |
| | | · | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | <u> </u> | |
| | | | |
| an amendment provides for an exch | ange, reclassification, or cr | ncellation of issued sharthe amendment itself: | res <u>.</u> |
| rovisions for implementing the amer | | | |
| rovisions for implementing the amer (if not applicable, indicate N/A) | | | |
| rovisions for implementing the amer (if not applicable, indicate N/A) | | | |
| rovisions for implementing the amer (if not applicable, indicate N/A) | | | |
| rovisions for implementing the amer (if not applicable, indicate N/A) | | | |
| provisions for implementing the amer (if not applicable, indicate N/A) | | | |
| provisions for implementing the amer (if not applicable, indicate N/A) | | | |
| orovisions for implementing the amer (if not applicable, indicate N/A) | | | |

| 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) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records. | 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 amendment by the shareholders was/were sufficient for approval. | nt(s) |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s): | ment |
| "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. | lder |
| The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | |
| APRIL 17, 2017 | |
| Dated | |
| Signature | |
| (By a director, president) other officer if directors or officers have not bee | |
| selected, by an incorporator — if in the hands of a receiver, trustee, or other co appointed fiduciary by that fiduciary) | urt |
| | |
| RAUL A BUSTOS NAVARRO | |
| (Typed or printed name of person signing) | |
| PRESIDENT | |
| (Title of person signing) | |

COVER LETTER

TO: Amendment Section
Division of Corporations

| LA CHURRASQUE NAME OF CORPORATION: | UERIA, INC. | |
|--|--|---|
| DOCUMENT NUMBER: P 16000024074 | | |
| The enclosed Articles of Amendment and fee are su | ubmitted for filing. | |
| Please return all correspondence concerning this ma | atter to the following: | |
| FRANK R. SARIOL | | |
| THE SARIOL GROUP, LLC | Name of Contact Person | |
| 8200 NW 41st STREET, SU | Firm/ Company ITE 315 | |
| DORAL, FLORIDA 33166 | Address | |
| | City/ State and Zip Code | |
| FSARIOL@ME.COM | | |
| E-mail address: (to be u | sed for future annual report i | notification) |
| For further information concerning this matter, please | se call: | |
| FRANK R. SARIOL | 305 at (| 934-7090 |
| Name of Contact Person | | e & Daytime Telephone Number |
| Enclosed is a check for the following amount made | payable to the Florida Depar | tment 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) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Division Clifton l 2661 Ex | address nent Section t of Corporations Building recutive Center Circle ssee, FL 32301 |