0160000 24074

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Reveived Faxed correction from Mr. OBardo on 10/25/2018, Mr. OBardo his signature. Yequesting
SO

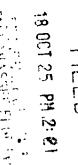
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October 5, 2018

LA CHURRASQUERIA INC 250 E PALM DR UNIT FC 60 FLORIDA CITY, FL 33034

SUBJECT: LA CHURRASQUERIA INC

Ref. Number: P16000024074

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 218A00020793

Susan Tallent Regulatory Specialist II

www.sunbiz.org

DO DOW SOOT TO U.S. DO DOW

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LA	CHURRASQUERIA INC	
	024074	
The enclosed Articles of Amendme	nt and fee are submitted for filing	3 .
Please return all correspondence co	ncerning this matter to the follow	ing:
250 E PALM	DR UNIT FC 60	
	Name of Con	tact Person
LA CHURR.	ASQUERIA INC	
	Firm/ Co	mpany
250 E PALM	DR UNIT FC 60	
	Addr	ess
FLORIDA C	ITY, FL 33034	
_	City/ State an	d Zip Code
E-mail a	ddress: (to be used for future ann	nual report notification)
		,
For further information concerning	his matter, please call:	
Mrs. Luz E. Oliveras		
Name of Contact Per	at (Area Code & Daytime Telephone Number
Name of Confact Fel	son	Area Code & Daytime Telephone Number
Enclosed is a check for the followin	g amount made payable to the Flo	orida Department of State:
-	5 Filing Fee & S43.75 Filin cate of Status Certified Co (Additional c enclosed)	py Certificate of Status
Mailing Address Amendment Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 33	rations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

LA CHURRASQUERIA INC					
(Name of Corporation	as currently filed w	ith the Florida Dept. of State	()		
P16000024074					
(Documen	t Number of Corpora	ation (if known)			
Pursuant to the provisions of section 607,1006, Florida Stits Articles of Incorporation:	tatutes, this Florida	Profit Corporation adopts the	following a	mendment	t(s) t
A. If amending name, enter the new name of the corp	oration:				
				he new	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered," "professional association," or the ab	$-inc$, or $-co$. \rightarrow	mpany," or "incorporated" o professional corporation nan	or the abbi ne must coi	eviation stain the	
B. Enter new principal office address, if applicable:			<u> </u>	<u>.</u>	
(Principal office address MUST BE A STREET ADDR	ESS)			<u>~</u>	
			<u>-i</u> :	크 끄	ļ
				31	-
C. Enter new mailing address, if applicable:			۰۰۰ کیار ۲۰	3 [. <u>.</u>
(Mailing address MAY BE A POST OFFICE BOX))		<u> </u>	<u></u> C	ر
			<u></u>	_0	
			•		
	 -				
D. If amending the registered agent and/or registere new registered agent and/or the new registered o	d office address in ffice address:	Florida, enter the name of th	<u>e</u>		
Name of New Registered Agent					
	(Florida street add	ress)			
1000 111,000		, Florid			
New Registered Office Address:	(City)		(Zip C	ode)	
New Registered Agent's Signature, if changing Regi- I hereby accept the appointment as registered agent.	stered Agent: I am familiar with ar	nd accept the obligations of the	position.		
Sione	uture of New Registe	red 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.

Type of Action (Check On ')	Example: X_Change	<u>PT</u>	John Doe	
Type of Action (Check On.) Title Name Address	X Remove	<u>V</u>	Mike Jones	
Change	X Add	<u>sv</u>	Sally Smith	
Change	Type of Action (Check On a)	<u>Title</u>	Name	<u>Addręs</u> s
		P	Leslie G. Taylor	15031 SW 146TH STREET
Change FLORIDA CITY, FL 33034	Add	-		MIAMI. FL 33196
X	2) Change	D	Jose M. Obando	250 E PALM DR UNIT FC 6
Change PTD Luz E, Oliveras 250 E PALM DR UNIT FC 6 X	Y	_		FLORIDA CITY, FL 33034
X		PTD	Luz E. Oliveras	250 E PALM DR UNIT FC 6
4) Change	V			FLORIDA CITY, FL 33034
4)Change	Remove			
Add	4) Change	VP S	Raymond Delgado	250 E PALM DR UNIT FC 6
5) Change	Y			FLORIDA CITY, FL 33034
Add	Remove			
	5) Change			
6) Change				
Add				
Remove				

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)	Attach additional s	ing additional Artineets, if necessary).	(Be specific)					
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provisions for implementing the amendment is not contained in the amendment issue.								
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(if not applicable, indicate N/A)	nravisions for in	plementing the am	endment if not c	ontained in th	ie <u>amendmer</u>	t itself:		
	(if not applic	ible indicate N/A)						
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The date of each amendment(s) adopt	9/19/18 ion:	_, if other than the
late this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Department.	loes not meet the applicable statutory filing requirements, this date will not ment of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)	
There are no members or members adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were	
Dated 10/15/18	$\frac{1}{1000}$	
Signature		
(By the chairman have not been so	of vice chairman of the board, president or other officer-if directors elected, by an incorporator – if in the hands of a receiver, trustee, or binted fiduciary by that fiduciary)	
KIYATA BE	RANKER	
	(Typed or printed name of person signing)	
SECRETAR	Y	
	(Title of person signing)	

	The date of each amendmen	Septemb	bar 24, 2018			if other than th
	date this document was signed Effective date [Capplicable:	September 24, 2018				
	The second secon	(no	more than 90 days o	fler amendment	file date)	1 to
	Note: If the data increase :-		•			
	Note: If the date inserted in the document's effective date on the	o Department of State	et the applicable sta a records.	intory filing req	rirements, this date w	all not be used as
	Adoption of Amendment(s)	(Снеск		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	The amendment(s) was/were by the chareholders was/were	adopted by the shareh	olders. The number	r of votes cast fo	r the amendment(s)	
	"RECTIFICATION OF THE PARTY OF					
	illne amendment(s) was/were to wassibe saparately provided /	approved by the share for each voting group	holders through vot entitled to vote sep	ing groups. The arately on the a	following statement mendment(s):	
	The number of votes ca	st for the americanent	(s) was were suffici	ent for approva	Y grand	i di salah sal
	by		La tradica			
		(voting gro	ир)			
	esamendment(s) was/were ad ion was not required. amendment(s) was/were add mwas not required.					
	September Dated	24, 2018				
5	Signature	he W. S.	to			
		ector, president or	other officer - if	directors or of	Scarc have not have	
	Selected,	by an incorporator if fiduciary by that:	- if in the hands	of a receiver,	trustee, or other co	urt
	y Jo	se M. Obando				
		(Typed or	printed name of	person signir	lg)	
	Pro	sident, Director.				
			(Title of perso	មា (ស្រាវាខ្មា		