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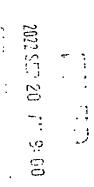
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: CHIKITO'S INC.				
DOCUMENT NUMBER	D16000010550				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	GEORGE C DAHL				
		Name of Contact Person	n		
		Firm/ Company			
	12250 MENTA STREET ST	E# 105			
	Address				
	ORLANDO, FL. 32837			,	
		City/ State and Zip Cod	e		
	rgbookkeeping@aol.com	sed for future annual report	natification		
	Contan address. (to be us	sed for future annual report	nomeation		
For further informatio	n concerning this matter, pleas	se call:			2022
GEORGE C DAHL		at ( 321	353-1175		2022 SEP 20
		Area Co	de & Daytime Telephone Numbe	Г	20
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:		•
S35 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)		9: 00
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Division The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

CHIKITO'S INC			
(Name of Corporation as currently	filed with the Florida Dept. of State)	-	
P16000040559			
(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>FI</i> its Articles of Incorporation:	orida Profit Corporation adopts the follo	wing amer	ndment(s) to
A. If amending name, enter the new name of the corporation:			
FOUR CORNERS CAPITAL GROUP INC		The	new
name must be distinguishable and contain the word "corporation," "cor "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p "chartered," "professional association," or the abbreviation "P.A."		iation "Co	orp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
			<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			_
		2022	<u> </u>
D. If amending the registered agent and/or registered office address	ss in Florida, enter the name of the		e. : "¶ ,
new registered agent and/or the new registered office address:		20	•
Name of New Registered Agent		· - ·	) • 1
			•
(Florida stree	t address)		
New Registered Office Address:	, Florida		ś
		Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar wit	h and accept the obligations of the position	on.	
Signature of New Reg	istered Agent, if changing	<del></del>	
	27 27 67		

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	PT John C	<u> </u>	
X Remove	Y Mike J	Jones .	
X Add	SV Sally S	Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	DIRECT	AMERICO A ZAGARRA	14566 MANDOLIN DR
X Add			ORLANDO, FL. 32837
Remove			<del></del>
2) Change	CFO	IAGO BELAUNDE	14566 MANDOLIN DR
X Add			ORLANDO, FL. 32837
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<u> </u>
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)	If amending or adding additional Artic (Attach additional sheets, if necessary).	(Be specific)
provisions for implementing the amendment if not contained in the amendment itself:		
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provisions for implementing the amendment if not contained in the amendment itself:		
provisions for implementing the amendment if not contained in the amendment itself:	If an amendment provides for an evolu-	nange reclassification or cancellation of issued charge
(if not applicable, indicate N/A)	provisions for implementing the amer	ndment if not contained in the amendment itself:
	(if not applicable, indicate N/A)	

	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file dat	e)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requireme epartment of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adaction was not required.	dopted by the incorporators, or board of directors without share	holder action and shareholder
■ The amendment(s) was/were ad by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the are sufficient for approval.	mendment(s)
	proved by the shareholders through voting groups. The follow reach voting group entitled to vote separately on the amendment	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by CHIKITO'S INC STO	OCKHOLDERS GROUP "	
0,	(voting group)	
09/16/202 Dated	2	
Signature	tons Vidal	
selecti	director, president or other officer – if directors or officers have ed, by an incorporator – if in the hands of a receiver, trustee, or need fiduciary by that fiduciary)	
	FIONA VIDAL	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<del> </del>

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