P16000046066

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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates of	Status
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COVER LETTER

TO: Amendment Section Division of Corporations Nenis Mobile Food Inc NAME OF CORPORATION: _ P16000046066 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Maiker Rodriguez Leon
Name of Contact Person Nenis Mobile Food Inc.
Firm/ Company 206 125T Gulf apt A3
Address Manathon / FLowida 33050
City/ State and Zip Code nenigmobile food @ yalioo. Com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Inaliz ChisTing Rodniquez at (305) 731-5802

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: **■\$**43.75 Filing Fee & □ \$35 Filing Fee **□\$**43.75 Filling Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

is enclosed)

Tallahassee, FL 32301

Articles of Amendment

to		
Articles of Inc		
of		
Nenis Mobile Food	0 4.3	
(Name of Corporation as current)	y filed with the Florida I	pept. of State)
P160000460	766	Ž,
(Document Number of	f Corporation (if known)	į.
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporatio	n adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
n/a		The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "word "chartered." "professional association," or the abbreviation "B. Enter new principal office address, if applicable:	Co". A professional cor P.A."	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Manathon	FL 33050
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	206 12Th Nanathon	51 6Ulf apTA3 FL 33050
D. If amending the registered agent and/or registered office addr	ess in Florida, enter the	name of the

D. If amending the registe new registered agent and/or the new registered office address:

Name of New Registered Agent 206 1257 Gulf apT #3 (Florida street address)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

address of each Office (Attach additional shee Please note the officer/, P = President; V= Vic Executive Officer; CF(held, President, Treasu Changes should be not a change, Mike Jones l	er and/or I. Its, if neces. Idirector tit. Its Presiden Its Chief Its Ch	Director being added: sary) le by the first letter of the office t: T= Treasurer; S= Secretary; Financial Officer. If an officer or would be PTD. ollowing manner. Currently Joh corporation, Sally Smith is name	title: D= Director; TR= Tri /director holds more th an Doe is listed as the P.	lirector being removed and title, name, and ustee; $C = Chairman \ or \ Clerk; \ CEO = Chief an one title, list the first letter of each office and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,$
Example:		lly Smith, SV as an Add.		
X Change	PT	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name		Address
1) Change	P	Pedro H Roda	riquez de la Torra	e 350 43 Ad 5T GULF Nancithon, Fl. 33050
Add			<i>y</i>	Manathon, Fl. 33000
X Remove				-
2) Change	P	Haiker Roc	Inquez Leon	Naisathon FL 33050
X Add				Marsathon FL 33050
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				

__ Remove

C. If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
If an amendment provides for an exchange, reclassification, or cancellation of issued	sbares.
provisions for implementing the amendment if not contained in the amendment itself (if not applicable, indicate N/A)	
N/A	

The date of each amendment(s) adoption: 10/05/3017 date this document was signed.	, if other than the
Effective date if applicable: 10/05/3017	
Effective date if applicable: 10/05/2017	
(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, the document's effective date on the Department of State's records.	nis 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.	nent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stamust 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" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required. ☑ The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold	
action was not required.	
Dated	
Daire	
Signature (By a director, president or other officer – if directors or officers have not	been
selected, by an incorporator – if in the hands of a receiver, trustee, or other	
appointed fiduciary by that fiduciary)	
	le la Torol
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	