## P1600047631

(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:

Office Use Only



000305901940

11/22/17--01026--017 \*\*35.00

FILE 23 2017 NOV 2.2 PH 4: 23

C GOLDEN NOV 2 7 2017

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Tostones, Inc.		
DOCUMENT NUME			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Carlina Salcedo		
		Name of Contact Persor	1
	Tostones, Inc.		
		Firm/ Company	
	15406 Osprey Glen Drive	Company	
		Address	
	Lithia, Florida 33547		
	<del></del>	City/ State and Zip Code	2
frank	lopez04@gmail.com		
	= =	sed for future annual report	notification)
	2		•
For further information	n concerning this matter, pleas	se call:	
Carlina Salcedo		at (	
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment 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)
Am Div P.O	ching Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Ameno Divisio Clifton	Address  Iment Section on of Corporations Building Executive Center Circle

Tallahassec, FL 32301

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation

FILEU

2017 NOV 22 PK 4: 23

Tostones, Inc.			
(Name (	of Corporation as currentl	y filed with the Florida Dept. of State) /	
P16000047631		·. <sub>5</sub> 1	
<del></del>	(Document Number o	Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new na	ime of the corporation:		
		The new	
	ation "Corp," "Inc," or "	n," "company," or "incorporated" or the abbreviation  Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		15406 Osprey Glen Drive	
		Lithia, Florida 33547	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		15406 Osprey Glen Drive	
		Lithia, Florida 33547	
D. If amending the registered agent an new registered agent and/or the new			
Name of New Registered Agent	Carlina Salcedo		
Tume of the resident and	15406 Osprey Glen Drive		
	(Florida su	eet address)	
New Registered Office Address:	Lithia	. Florida	
MEN REGISTER CH OTHER MAN CSIL.		(City) (Zip Code)	
New Registered Agent's Signature, if o	hanging Registered Agent	<u>:</u>	
I hereby accept the appointment as regis	tered agent. I am familiar	with and accept the obligations of the position.	
AAL	4		
CHO C	Signature of New 1	Registered 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= Trustec; 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 .	<u>Iohn Doe</u>		
X Remove	Y I	Mike Jones		
_X Add	SV S	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	Р	Tyler C. Williams	6610 Memorial Highway	
Add			Tampa, Florida 33615	
X Remove				
2) Change	VP	Juan A. Rivas	6610 Memorial Highway	
Add		<del></del>	Tampa, Florida 33615	
X Remove				
3) Change	P	Carlina Salcedo	15406 Osprey Glen Drive	
X Add			Lithia, Florida 33547	
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove			<u> </u>	
6) Change				
Add				
Remove				

amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)
<del></del> -	
-	
	Not a officered above
an amendment provides for an exclusions for implementing the amo	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
CC	
(if not applicable, indicate N/A)	
(ij not applicable, indicale N/A)	
(y not applicable, indicale N/A)	
(tj not appticable, indicale N/A)	
(y not applicable, indicale N/A)	
(y not applicable, indicate N/A)	
(y not applicable, indicale N/A)	
(y not applicable, indicate N/A)	
(y not applicable, indicale N/A)	
(y not applicable, indicale N/A)	
(ij not applicable, indicale N/A)	

	November 17, 2017	
The date of each amendment(s	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	November 17, 2017	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this description of State's records.	ate will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment re sufficient for approval.	(s)
	approved by the shareholders through voting groups. The following statem for each voting group entitled to vote separately on the amendment(s):	ient
"The number of votes	east for the amendment(s) was/were sufficient for approval	
bv	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and sharehold	ler
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Noven	aber 17, 2017	
Dated		
_	An A	
Signature	AUG CONTRACTOR OF THE PARTY OF	<del></del>
(B <sub>1</sub>	y a director, president or other officer - if directors or officers have not beer	1
	ected, by an incorporator – if in the hands of a receiver, trustee, or other coupointed fiduciary by that fiduciary)	an t
ар	Joined Hadelary by that Hadelary)	
	Carlina Salcedo	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	