## P1600005846C

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FOOD MARKE	T Y CAFETERIA LA CATRACHA INC
DOCUMENT NUMBER: P16000058460	
The enclosed Articles of Amendment and fee are:	submitted for filing.
Please return all correspondence concerning this	natter to the following:
DUNIA A MEMBRÉNO	
	Name of Contact Person
	Firm/ Company
5260 NW 11 STREET AP	Γ106
	Address
LAUDERHILL FL 3331	
	City/ State and Zip Code
- 	IAIL.COM
E-mail address: (to be	used for future annual report notification)
ļi.	
For further information concerning this matter, ple	ase call:
DUNIA A MEMBRENO	at () 244-2970
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount mad	e payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & ☐\$52.50 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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



## Articles of Amendment to Articles of Incorporation of

## FOOD MARKET Y CAFETERIA LA CATRACHA INC

		<u> </u>
(Name of C	orporation as currently filed with the Florida Dept. of State)	
P16000058460		
	(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.100	6. Florida Statutes, this Florida Profit Corporation adopts the following am	endme
its Articles of Incorporation:	ľ	
A. If amending name, enter the new name	of the corporation:	
LA CATRACHA BAR INC		nen
name must be distinguishable and contain	the word "corporation," "company," or "incorporated" or the abbrev	viation
"Corp.," "Inc.," or Co.," or the designatio word "chartered," "professional association,	n "Corp," "Inc," or "Co". A professional corporation name must conte	ain the
wora charterea, projessional association,	ar the abbreviation   r.a.   	
B. Enter new principal office address, if a	oplicable:	
(Principal office address <u>MUST BE A STRE</u>	ETADDRESS )	
	Į.	
C. Enter new mailing address, if applicab		
(Mailing address <u>MAY BE A POST OF</u>	<u></u>	
	Ų.	
	-	
D. If amending the registered agent and/or new registered agent and/or the new re	r registered office address in Florida, enter the name of the	
new registered agent and/or the new re	1	
Name of New Registered Agent		
_	(Florida street address)	
	Transactional street datessy	
New Registered Office Address:		
	(City) (Zip Code,	,
New Registered Agent's Signature, if chan-	ging Registered Agent:	
I hereby accept the appointment as registered	l agent. I am familiar with and accept the obligations of the position.	
	<u> </u>	
	Signature of New Registered Agent, if changing	
	<u> </u>	
	\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
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address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V = Vice I Executive Officer; CFO = held, President, Treasurer Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove, Example:	ind/or D if necess vector title President Chief F Directo in the fol wes the co	irector being ary)  z by the first  : T= Treasur  inancial Offi  or would be P  lowing mann  orporation, S  v Smith, SV o	added:  etter of the office title;  er; S= Secretary; D= Director; TR= T;  cer. If an officer/director holds more to the control of the contr	director being removed and title, name, and frustee: $C = Chairman$ or $Clerk$ : $CEO = Chief$ than one title, list the first letter of each office PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
X Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Na</u>	l. <u>me</u>	Address
1) Change	VP	Kz	 ARLA P GOMEZ 	5150 W 12 AVE 204
Add				HIALEAH FL 33012
X Remove			  -  -	
2) Change			 	
Add				
Remove				
3 ) Change		_		
Add			 	<del></del>
Remove				
4) Change				
Add				<del> </del>
Remove				<del></del>
5) Change				
Add				
Remove				
6) Change				
Add				

\_\_ Remove

E. If amending or adding additional Articles (Attach additional sheets, if necessary). (B)	e specific)
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F. If an amendment provides for an exchang	e reclassification, or cancellation of issued shares,
provisions for implementing the amendm	ent if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	<u> </u>
<del></del>	
	1
	ii
	11
	I.

The date of each amendment(s) adoption: 🔃	JGUST 25 2017
date this document was signed.  AUGUST 25 20	 
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does n document's effective date on the Department of	of meet the applicable statutory filing requirements, this date will not be listed as the State's records.
Adoption of Amendment(s) ( <u>CH</u>	ECK ONE)
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes cast for the amendment(s) pproval.
☐ The amendment(s) was/were approved by the must be separately provided for each voting	shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes cast for the amer	  dment(s) was/were sufficient for approval 
by	
(voi	ing group)
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder
■ The amendment(s) was/were adopted by the action was not required.	 incorporators without shareholder action and shareholder
AUGUST 25 2017 Dated	
Signature Donia	
	ident or other officer – if directors or officers have not been or other court by that fiduciary)
DUNIA A	MEMBRENO
<del></del>	Typed or printed name of person signing)
PRESIDEN	. T
	(Title of person signing)
	Page 4 of 4
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