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### COR AMND/RESTATE/CORRECT OR O/D RESIGN LAS REYNAS LATIN FOOD, INC.

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## (((H16000224814 3)))

FILEU SECRETARY OF STATE IVISION OF CORPORATION

2016 SEP -9 AM 9: 46

#### Articles of Amendment to Articles of Incorporation

LAS REYNAS LATIN FOOD, INC.		
(Name P16000050937	of Corporation as currently filed with the	10.Florida Dept. of State)
	(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this <i>Florida Profit</i>	Corporation adopts the following amendment(s) to
A. If amending name, enter the new pa	ame of the corporation:	
"Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ration "Corp," "Inc," or "Co". A profe tion." or the abbreviation "P.A."	The new a "incorporated" or the abbreviation assignal corporation name must contain the
B. Enter new principal office address. (Principal office address <u>MUST BE A S</u>	if annlicables TREET ADDRESS )	
C. Enter new mailing address, if applied (Mailing address MAYBE A POST)  D. If amending the registered agent an new registered agent and/or the new	Ø/or registered office address in Florida	onter the name of the
Name of New Registered Agent	OSQUIEL MESA	
( period by ) to it sought and significant	3406 ELIZABETH PL N	· · · · · · · · · · · · · · · · · · ·
Novi Registered Office Address:	(Florido street oddress) PALM SPRINGS	Florida_33461
	(City)	(Zip Code)
New Registered Agent's Signature, if cl	nameine Régistered Agent: ered agent. I am familiar with and accept  Signature of New Registered Agen	

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## (((H160002z4814 3)))

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.

Example: X Change	<u>PT</u>	John Doe					
X Remove	<u>v</u>	Mike Jones					
X Add	<u>sv</u>	Sally Smith					
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s				
1) Change	P	TEIDYS TELLEZ	3406 ELIZABETH PL N				
Add		\ <u>\</u>	PALM SPRINGS, FL 33461				
X Remove							
2) Change	VP	OSQUIEL MESA	3291 W SUNRISE BLVD				
Add			FORT LAUDERDAUE, FL 33311				
X Remove							
3) Change	P	OSQUIEL MESA	3406 ELIZABETH PL N				
X Add			PALM SPRINGS, FL 33461				
Remove							
4) Change			<u> </u>				
Ađđ							
Remove							
5) Change	<del></del>						
Add							
Remove							
6) Change							
Add							
Remove							

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E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)
CHANGE ARTICLE V NAME AND ADDRESS TO: OSQUIEL MESA
3406 ELIZABETH PL N, PALM SPRINGS, FL 33461
CHANGE ARTICLE V "REGISTERED AGENT SIGNATURE" TO: TEIDYS TELLEZ
CHANGE ARTICLE VI "NAME AND ADDRESS OF THE INCORPORATOR" AND "ELECTRONIC SIGNATURE
OF INCORPORATOR" TO: OSQUIEL MESA
3406 ELIZABTH PL N, PALM SPRINGS, FL 33461
OSQUIEL MESA
CHANGE ARTICLE VII "THE INITIAL OFFICER AND OR DIRECTOR OF THE CORPORATION" TO:
P
OSQUIEL MESA
3406 ELIZABETH PL N, PALM SPRINGS, FL 33461
F. 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)

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FILED SECRETARY OF STATE JUVISION OF CORPORATIONS

	09/09/2016			
The date of each amendment(s) added this document was signed.	option:		2015 SEP - 9	AM. 9: 1. If other than th
Effective date if applicable:				
	(no more	than 90 days after amere	iment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the partment of State's reco	npplicable statutory filli ords.	ng requirements, this	s date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE	)		
The amendment(s) was/were adop by the shareholders was/were suf	plod by the shareholder Ficient for approval.	s. The number of votes o	east for the amendme	:m(s)
☐ The amendment(s) was/were appromist be separately provided for e	oved by the shareholds	ers through voting groups led to vote separately on	. The following stat the amendment(s):	ament
"The number of votes east for	or the amendment(s) w	as/were sufficient for app	roval	
by			.,,	
-	(voting group)		<del></del>	
The amendment(s) was/were adoptaction was not required.	ted by the board of dir	ectors without shareholds	er action and shareho	blder
☐ The amendment(s) was/were adopted action was not required.	sted by the incorporate	rs without shareholder ac	tion and shareholder	
09/09/2016 Dated	$\sim$			
Dated				
Signature X				
(By a dir		a officer – if ditectors or		
selected, appointe	by an incorporator - I d fiduciary by that fidu	f in the hands of a receive	er, trustee, or other c	ourt
	TEIDYS TELLEZ	··- <i>,</i>		
<u>.</u>	(Typed or pr	inted name of person sign	ning)	
1	PRESIDENT	-		
•		Title of person signing)		