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JUN 20 2017 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	TON:TOLU RESTAUL	RANTS CORP				
DOCUMENT NUMBER	P16000100683		<u> </u>			
The enclosed Articles of a	Imendment and fee are su	bmitted for filing.				
Please return all correspor	adence concerning this ma	tter to the following:				
	SELMA BARAI	IONA				
	Name of Contact Person					
	S & B QUALITY SERVICES INC					
		Firm/ Company				
	13805 NE 16 A	VE				
		Address				
	NORTH MIAN	11 FL 33161				
		City/ State and Zip Cod	e			
	ed5925@msn	.com				
	E-mail address; (to be us	sed for future annual report	notification)			
	oncerning this matter, pleas BARAHONA	786	908-2067			
Name of C	Contact Person	at (at Co) de & Daytime Telephone Number			
Enclosed is a check for th	e 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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Cliftor	Address Iment Section on of Corporations a Building Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

TOLU RESTAURAN	TS CORP		
(Name o	f Corporation as curre	ntly filed with the Florida Dept. of S	itate)
P16000100683			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporation adopts	the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
			The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the designe word "chartered," "professional associat	uion "Corp," "Inc," oi	"Co". A professional corporation	l" or the abbreviation
B. Enter new principal office address i	f annlicable:	2093 PALM AVE	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		HIALEAH FL 33010	
C. Enter new mailing address, if applie (Mailing address MAY BE A POST C		2093 PALM AVE	
		HIALEAH FL 33010	-
			· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and new registered agent and/or the new			the ST CO
Name of New Registered Agent	URSULA CAMPOS I	JOAYZA	
<u>Name by New All gastered Agran</u>	2093 PALM AVE. 1	HALEAH FL 33010	
		street address)	
<u>New Registered Office Address:</u>	2093 PALM AVE	HIALEAH	33010
			(Zip Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe			lu navitian
тисту ассерстве арухааж тах седан	Unlefan	in Ju	и ромион.
	Signatur of Nev	v Registered Agent, if changing	
	I^{-1}		

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: \underline{X} Change	<u>PT</u>	John Due	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) XX Change	VP	ROSA PASARA-INGAR	2093 PALM AVE
Add			HIALEAH FL 33010
Remove			
2) Change	l'	URSULA CAMPOS LOAYZA	2093 PALM AVE
XX Add			HIALEAH FL 33010
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
, Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	<u>cles, enter change(s) here</u> : (Be specific)
N/A	
F - If an amendment provides for an excl	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A 	

N/A	, if other than the
The date of each amendment(s) adoption:	If other dan the
Effective date if applicable:	
(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, this dat document's effective date on the Department of State's records.	e will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s by the shareholders was/were sufficient for approval.	1
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stateme must be separately provided for each voting group entitled to vote separately on the amendment(s):	nt
"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 shareholde action was not required.	r
■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
(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 cour appointed fiduciary by that fiduciary)	t
URSULA CAMPOS LOAYZA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	