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## **COVER LETTER**

TO: Amendment Section Division of Corpor			
NAME OF CORPORADOCUMENT NUMBI	DITARA	tional Food	Truck By Cico In
DOCUMENT NUMBI	sk: 1 1 -1000t	71 11 2 1	
The enclosed Articles of	f Amendment and fee are sub	omitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
_	Juan Fra	Name of Contact Person	ivero.
		Firm/ Company	<del></del>
	1017 Summit	Blvd.	
<u> </u>	West Palm B	Address	a 33405.
		City/ State and Zip Code	•
	E-mail address: (to be use	ed for future annual report	notification)
For further information	concerning this matter, please	e call:	
Juan Fran	icisco Rivero	·at (501	236-3432
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	ayable to the Florida Depa	ertment 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			Address
			ment Section on of Corporations
P.O. I	3ox 6327	Clifton	Building
Tallal	nassee, FL 32314	2661 E	xecutive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment**

Articles of Incorporation poration as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation, 'company,' "incorporated" or the abbressation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent:

Signature of New Registered Agent, if changing

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

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		$-\frac{N/A}{}$	
Add		1	
Remove			
2) Change			
Add			
Remove			+
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
<del></del>			
5) Change			- the state of the
Add			
Remove			
6) Change			
Add			
Remove			

. <u>If amendin</u> (Attach <i>addi</i>	or adding addition tional sheets, if neces.	i <mark>l Articles, e</mark> nt eary). (Be spe	er change(s) h ecific)	ere:			
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If an amen	lment provides for a	n exchange, re	classification.	or cancellatio	n of issued s	haree.	
provisions	Iment provides for a for implementing the applicable, indicate N	e amendment	if not containe	d in the amen	dment itself:		
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The date of each amendment(s) adoption:date this document was signed.	N/A	, if other than the
Effective date if applicable:	03/17/2017	
	no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not a document's effective date on the Department of Sta	meet the applicable statutory filing requirements ate's records.	s, this date will not be listed as the
Adoption of Amendment(s) (CHEC	CK ONE)	
☐ The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for appr		ndment(s)
☐ The amendment(s) was/were approved by the sh must be separately provided for each voting gro	nareholders through voting groups. The following oup entitled to vote separately on the amendmen	g statement t(s):
"The number of votes cast for the amendm	nent(s) was/were sufficient for approval	
by	g group)	
☐ The amendment(s) was/were adopted by the boa action was not required.		nareholder
The amendment(s) was/were adopted by the incoaction was not required.	orporators without shareholder action and shareh	older
Dated 03/10/26	11+	
Signature (By a director, presider	nt or other officer – if directors or officers have r	not been
selected, by an incorpo	orator - if in the hands of a receiver, trustee, or o	
appointed fiduciary by	uan Francisco Riv	<u>Erd</u>
(Ту	rped or printed name of person signing)	
	tresident	
	(Title of person signing)	