10/11/2019





Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover skeet. Type the fax sudit number (above below) on the top and bottom of all pages of the document

(((H19000302864 3)))

Note: DO NOT but the REFRESHRELOAD button on your blowner from this page. Doing so will generate another enver sheet.

Division of Componitions Fax Number : (854)817-4828

ACCOUNT MANNER . DS BUSINESS CONSULTANTS, LLC ACCOUNT MANNER : 12819680687 Plonne : (V54)256-817. 48c mumber : (V54)271-1384

enunter the small sparess for this business entity to be used for future about report multimgs, Enter unly one resil address please."*

______ COR AMNU/RESTATE/CORRECT OR O/D RESIGN BRAVOS DE MARGARITA BBC INC

Certificate of Stehts	. 0
Certified Copy	0
Page Costes	<u> </u>
Estimated Charge	\$35.00

Electronic Filing Monu. Corporate Filing Menu.

Help

C GOLDEN

OCT 1 4 2019

Page: 3 of 6

10/11/2019

Articles of Amendment to Articles of Incorporation of

7019	0CT	11	AM	
しじょう	1.1		11.11	

BRAVO DE MARGARITA BBC INC	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P17000027016	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co., "or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
	N/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)	N/A
(Mailing address MAT BE X FOST OF FICE BOX)	
,	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address	dress in Florida, enter the name of the
N/A	
Name of New Registered Agent NIA	
(Florida	street address)
New Registered Office Address:	Florida
HEW HE PROPERTY TO THE PROPERTY OF	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age	nt:
I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the position.
Signature of New	v Registered Agent, if changing

Fax: (850) 617-6380

To:

10/11/2019

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V= Vice I Executive Officer; CFO = held. President, Treasurer	ind/or Di if necessi ector title President, Chief F r, Directo in the fol- ves the co	ary) e by the first letter of the office title: ; T= Treasurer; S= Secretary; D= Director; TR= 7 Financial Officer. If an officer/director holds more or would be PTD. Ilowing manner. Currently John Doe is listed as the orporation, Sally Smith is named the V and S. These	rustee: C = Chairman or Clerk; CEO = than one title, list the first letter of each PST and Mike Jones is listed as the V. Th
X Change	<u>T9</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	С	TOVAR IZQUIERDO, GABRIEL EI	1235 E LAKE DRIVE
Add X Remove			FORT LAUDERDALE FL. 333 6
2) Change Add			
Remove 3) Change Add			
Remove	:		
4) Change Add Remove	:		
5) Change			
Remove 6) Change	:		
Add	•		
		Page 2 of 4	

Fax: (850) 617-6380

From: Tax Care Fort Lauderd, Fax: 19542568117

Ta:

Page: 5 of 6

10/11/2019