Division of Corporations



## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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

(((H18000096310 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : FASTKIT CORP Account Number : I20100000009 Phone : (305)599-0839 Fax Number : (305)592-9591

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:



## COR AMND/RESTATE/CORRECT OR O/D RESIGN LA CUEVA DEL PIRATA RESTAURANT INC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

2018 MAR 25 PM 44 % (

## Articles of Amendment Articles of Incorporation of

L	A CUEVA DEL PIRATA RI	ESTAURANT IN C	
(Name o	Corporation as currently	filed with the Florida D	ept. of State)
	P1700002735	18	
<u></u>	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this F	Torida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
N/A			The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associations	ation "Corp." "Inc." or "C	lo". A professional corp	porated" or the abbreviation bration name must contain the
B. Enter new principal office address.	if annijeshle:	N/A	
(Principal office address MUST BE A S			
•			
·		···-	
C. Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  N/A			
		<u> </u>	
		•	
D. If amending the registered agent and new registered agent and/or the new	<u>d/or registered office addre</u> registered office address:	ss in Florida, enter the s	ame of the
	OMAR BLANCO		
Name of New Registered Agent			<del></del>
	12981 SW 197 ST		<u> </u>
	(Florida stree		33177
New Registered Office Address:	MIAMI		Florida
	,,,	י <del>ע</del> נונ.	(Zlp Code)
			!
New Resistered Agent's Signature, if ch	anging Registered Agent:		•
hereby accept the appointment as registe	red azent. I am familiar wi	th and accept the obligat	ons of the position.
<i>=</i> (	-11-35		
$\otimes$	1 / James	-	
	Signature of New Reg	istered Agent, if changing	<u></u> -

address of each Offic (Attach additional she Please note the afficer P = President; V= Vi Executive Officer; CF held. President. Treas Changes should be no a change. Mike Jones Mike Jones, V as Rem	ets, if necess director tit ce Presiden O = Chief urer, Direct ted in the fo leaves the c	Director being added: sary) le by the first letter of the office title: it; T= Treasurer; S= Secretary; D= Director Financial Officer, If an officer/director holion would be PTD. ollowing manner Currently John Doe is liste	th officer/director being removed and title, name, and  r; TR= Trustee; C = Chairman or Clerk; CEO = Chief ds more than one stile, list the first latter of each office and as the PST and Mike Jones is listed as the Y. There is S. These should be noted as John Doe, PT as a Change,
Example: & Change	<u> </u>	<u>Iohn Doe</u>	
X Remove	Y	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Neme	Address
1) X Change	TS	YILIAN C. BLANCO	12981 SW 197 ST
Add	<del></del>		MIAMI, FL 33177
Remove		·	
2) Change	P	OMAR BLANCO	12981 SW 197 ST
X Add	<del>-</del>	, , , , , , , , , , , , , , , , , , ,	MIAMI, FL 33177
Remove			
3) Change			
Add		,	
Remove	•		
۸ ۵		•	
4) Change Add	<del></del>	·	
Remove			
7,07,070			
5) Cuange	<u></u> .		
Add			
Remove		•	
o) Change			
Add			
Zerove			

Chief office

N. C. C.	nal Articles, enter change( essary). (Se specific)			,
N/A	<u> </u>			·
	•			
		<u> </u>		
<del></del>				
	<del></del>		,	·····
	<del></del>	· · · · · · · · · · · · · · · · · · ·		
			<del></del>	
<del></del> _				
			· · ·	
:				
- <u></u>		· · · · · · · · · · · · · · · · · · ·		
		•		
amendment provides for	an exchange, reclassificati	on, or cancellation of iss	ued shares.	
(if not applicable, indicate	the amendment if not continued $N(A)$	sined in the amendment	itself:	
N/A				
				<u> </u>
<del></del>				· · · · · · · · · · · · · · · · · · ·
A-1			í	
	<u>.</u>			
				<u> </u>

.

FEBRUARY 1st, 2018	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
	'9
Effective date if applicable:	
(no more than 90 days after amendment file date	<del>)</del>
Note: If the date inscried in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	its, this date will not be listed as the
Adaption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the air by the shareholders was/were sufficient for approval.	endment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group antitled to vote separately on the amendment.	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
by	
<ul> <li>■ The amendment(s) was/were adopted by the board of directors without shareholder action and section was not required.</li> <li>□ The amendment(s) was/were adopted by the incorporators without shareholder action and share action was not required.</li> </ul>	
action was not reduced.	
FEBRUARY 16TH, 2018	
Dared	واستعمد
Signature 2	
(By a director, president or other officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, or o appointed fiduciary by that fiduciary)	not been ther court
YILIAN BLANCO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	· · · · · · · · · · · · · · · · · · ·