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☐ PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name	e)
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(U	ocument Number)	
Certified Copies	Certificates o	of Status
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Special Instructions to	Filing Officer:	
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And

OCT 2 1 2017

COVER LETTER

TO: Amendment Section Division of Corporations			
NAME OF CORPORATION: El Alamo Restaurant Corp. DOCUMENT NUMBER: P170000 28384			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
David Parada: Name of Contact Person			
Firm/ Company 1065 W 68th St # 101 Address			
HIGIEAN FL 33014 City/ State and Zip Code			
Alamo. Restaurant 17 Dgmail. Com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
David Parada at (305), 798 - 8119. Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:			
S35 Filing Fee Certificate of Status S43.75 Filing Fee & Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building			

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation

FILED 17 OCT 19 AMID: 31

El Alamo Restaura	int Corp Michigan	Oh salar
(Name of Corporation as curren	tly filed with the Florida Dept. of Stat	e) GARIGA
P17000028384.		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation nan	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1665 W 68th Higleah Fl 330	S+ #101 14
D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address		
Name of New Registered Agent David Pa	rada	<u>. </u>
4971 NW (Florida s	187' St wreet address)	·
New Registered Office Address: MIAMI G	ardens Florida	33055 (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agen. I am familiar		position.
X July	-	
Signature of New	Registered Agent, if changing	1

address of each Offic (Attach additional she	er and/or Directs, if necessary	ctor being added:)	cer/director being removed and title, name, and
P = President; V = Vi	ce President; Ť		= Trustee; C = Chairman or Clerk; CEO = Chief
held. President, Treas Changes should be no a change, Mike Jones Mike Jones, V as Rem	urer, Director w ted in the follow leaves the corp	ould be PTD, ving manner. Currently John Doe is listed as t oration, Sally Smith is named the V and S. Tho	the PST and Mike Jones is listed as the V. There is essentially be noted as John Doe, PT as a Change.
Example: X Change	<u>PT</u> Jo	ohn Doe	
X Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>S</u> 2	ally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change Add Remove	P	David Parada	Miami Gardens Fl 33055
2) Change Add	T	Queren Parada	5500 W 13th CH Hialeah FL 33012
Remove 3) Change Add Remove	<u>vp</u>	Jessica Cabrera	4971 NW 1893 MIAMI GARDENS FL 33055
4) Change Add Remove	<u>P</u>	Jose A Corzo	6264 Sw 149th St Miami FL 33193
.5) Change Add Remove	<u>VP</u>	Rolando cruz	1005 W 68th st #101 Hialeah FL 33014.
6) Change Add			

Remove

If amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)	
N/A	
14/-1	
	
	
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f an amendment provides for an exchange, reclassification, or cancellation provisions for implementing the amendment if not contained in the amendment if not contained in the amendment.	endment itself:
(if not applicable, indicate N/A)	
A\/A	
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	1
	1

The date of each amendment(s) adoption:	if other than the
Effective date if applicable: 10/14/17 (no more than 90 days after amendment file date)	<u> </u>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will r document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ 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.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	l i
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Dated D - D -	