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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ARGENTINIAN	GRILL CORP	
DOCUMENT NUMB		,	<u></u>
	of Amendment and fee are su	abmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	LUIS ROSSI		
•		Name of Contact Person	n
	ARGENTINIAN GRILL CO)RP	
-		Firm/ Company	
	2521 N FEDERAL HWY ST	TE C	
-	· · · · · · · · · · · · · · · · · · ·	Address	
	BOCA RATON FL 33432		
-		City/ State and Zip Cod	e
ARGE	ENDELI501@GMAIL.COM		
	_	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
LUIS ROSSI		at (⁵⁶¹	542-2424
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the 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)
Amer Divis P.O.	ing Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

ARGENTINIAN GRILL CORP

AROCATINANOR	ALL CORP			
(Name of Corporation as currently	filed with the Florida Dept. of State)		
P170000297	793			
(Document Number of C	Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the f	ollowing	amendr	nent(s) t
A. If amending name, enter the new name of the corporation:				
			The ne	23.11
name must be distinguishable and contain the word "corporation, "Corp,," "Inc.," or Co.," or the designation "Corp,," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	". A professional corporation nam	r the abl	breviati	on
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)				-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SECRE WA	20 11 AUG 14	T1
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: Name of New Registered Agent	s in Florida, enter the name of the	10000000000000000000000000000000000000	PH 1: 35	D
Mame of New Negtmered Agent				
(Florida street	address)			
New Registered Office Address:	. Florida			
	, FIOTI da	(Zip Co	ode)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit.	h and accept the obligations of the po	sition.		
Signature of New Reg	istered Agent, if changing			

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.

X Change	<u>PT</u> <u>Jo</u>	hn Doc	
X Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	CEO	MICHAEL A ROSSI	2521 N FEDERAL HWY STE C
Add			BOCA RATON FL 33432
Remove			
2) Change	VP	CINTIA M. ROSSI	22615 SW 66TH AVE APT 102
XAdd			BOCA RATON FL 33428
Remove			
3) Change			-
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)	
f an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issue adment if not contained in the amendment its	ed shares, self:
-		
<u> </u>		

The date of each amendment(s) adoption:, if other than the date this document was signed.
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 date will not be listed as the document's effective date on the Department of State's records.
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):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
(voting group)
■ 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 1 Signature Signature
(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 court appointed fiduciary by that fiduciary)
LUIS ROSSI
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)