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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: AMAYA MEXIC	AN GRILL & BAR, INC.	
DOCUMENT NUMB	ER: P17000047724		<u> </u>
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	condence concerning this ma	tter to the following:	
	CURTIS L. SHENKMAN		
-		Name of Contact Persor)
:	SMITH, GASKILL & SHEN	KMAN, P.A.	
-		Firm/ Company	
	11891 US HIGHWAY ONE	, SUITE 100	
-		Address	
	NORTH PALM BEACH, FI	. 33408	
-	•	City/ State and Zip Code	<u> </u>
SHEN	KMAN@LAWPALMBEA(CH.COM	
	~	sed for future annual report	notification)
	·	·	
For further information	concerning this matter, pleas	se call:	
CURTIS L. SHENKMAN		561	622-2700
Name o	f Contact Person	at (561) 622-2700 Area Code & Daytime Telephone Num	
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment 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 indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

AMAYA MEXICAN GRILL & BAR, II	NC.		. :
(Name	of Corporation as currently	filed with the Florid	a Dept. of State)
P17000047724			
	(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corpora	tion adopts the following amendment(s)
A. If amending name, enter the new na	ime of the corporation:		
EL VIEJON MEXICAN GRILL & BAR	, INC.		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	o". A professional c	ncorporated" or the abbreviation
B. Enter new principal office address,	if applicable:	129 NORTH FEDERAL HIGHWAY	
(Principal office address MUST BE A S		LAKE WORTH, FL 33463	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		129 NORTH FEDERAL HIGHWAY	
		LAKE WORTH, FL 33463	
D. If amending the registered agent ar new registered agent and/or the ne		ss in Florida, enter t	he name of the
Name of New Registered Agent	N/A		
rame of the registered ligen	129 NORTH FEDERAL HI	GHWAY	
	(Florida stree	rt address)	
New Registered Office Address:	LAKE WORTH, FL 33463		33463 , Florida
New Neglisletet Office Machess.	(City)		(Zip Code)
New Registered Agent's Signature, if c	hanging Dagistanad Agants		
I hereby accept the appointment as register		th and accept the obli	igations of the position.
	Signature of New Re	aistered Agent if char	naina

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> <u>J</u>	ohn Doe	
X Remove	<u>V</u> <u>N</u>	Mike Jones	
<u>X</u> Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		<i>N/A</i>	
Add			
Remove			
2) Change			
Add			
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 (Be specific)	2		
		N/A		
				
	<u>–</u>			
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f an amendment provides for an exch	nange, reclassifica	ition, or cancellatio	on of issued share	s,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not cor	itained in the amer	idment itself:	_
(tj noi appacable, maicale MA)	A . /A	_		
		<u> </u>	<u> </u>	
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		<u>-</u>	. <u> </u>	
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The date of each amendment(s) a date this document was signed.	loption:	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the Do	plock does not meet the applicable statutory filing requirements, this dat partment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s fficient for approval.)
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	``	
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	r
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
JULY 12,	2017	
DatedSignature		
(By a c	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	1
	MANUEL SANCHEZ, SR.	
	(Typed or printed name of person signing)	
	PRESIDENT, DIRECTOR	
	(Title of person signing)	