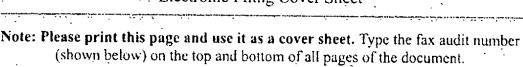
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: EL PALENQUE PIZZERIA CORP	•
DOCUMENT NUMBER: P17000065049	·.
The enclosed Articles of Amendment and fee are submitted for filing.	• .
Please return all correspondence concerning this matter to the following:	
IVON POMARES	
Name of Contact Person	
POMARES ACCOUNTING SOLUTIONS, LLC	
Firm/ Company 3425 NW 14 ST	- . . .
Address MIAMI, FL 33125	– . ·.
City/ State and Zip Code IVISPOMARES@HOTMAIL.COM E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call: IVON POMARES 786 314-1371	
Name of Contact Person Area Code & Daytime Telephone Numb	er
Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee	-
is enclosed)	
Amendment Section Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32314 Division of Corporations The Centre of Tallahassee Tallahassee, FL 32303	

Articles of Amendment to Articles of Incorporation

	THE PAIR VANCABLE	PIZZERIA CORP	1		$\int_{\mathbb{R}^{n}} \int_{\mathbb{R}^{n}} f_{n} dx dx$	7: 1			
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	P17000065049	ation as currently	Tiled with	the Florida	Dept. of Sta	<u>ite</u>)		٠.	
	· · · · · · · · · · · · · · · · · · ·		<u></u>					•	
	·(Doc	cument Number of	Corporation	ı (if knowл)					
Pursuant to the provisions of sections Articles of Incorporation:	on 607.1006, Flor	ida Statutes, this I	lorida Prof	it Corporati	on adopts th	c following	g amend	lmenti	(s) t
A. If amending name, enter the	new name of the	corporation:					•		
`.									
name must be distinguishable and a "Inc" or Co" or the designat "chartered," "professional associ	non Corp, An	c. or ca -1	ompany," or professiona	"incorpora il corporati	ted" or the a	bbreviatio ist contain	The non-	iew ord	
3. <u>Enter new principal office ad</u> Principal office address <u>MUST E</u>	idress, if applical	ble: DDRESS)	· .	•	·		· .	· · ·	٠.
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	·		——————	· · · · · · · · · · · · · · · · · · ·					
Enter new mailing address, i (Mailing address MAY BE A)	if applicable: POST OFFICE I	3 <i>0X</i>)				•		¯. · ··	
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	5	· · ·	•				·	- ,	
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l. If amending the registered ag new registered agent and/or t	ent and/or regist he new registere	tered office addre d office address:	ss in Florid	a, enter the	name of the	<u>.</u>		- .	
D. If amending the registered ag new registered agent and/or t Name of New Registered	ine new registere	tered office addre d office address:	ss in Florid	a, enter the	name of th	<u>.</u>		- .	
new registered agent and/or t	ine new registere	tered office addre d office address:	ss in Florid	a, enter the	name of th	<u>e</u>			
new registered agent and/or t	ine new registere	tered office addre d office address: (Florida sirce	· · · · · · · · · · · · · · · · · · ·	a, enter the	name of th	Ę			
new registered agent and/or t	Agent	d office address: (Florida stree	1 address)	a, enter the	name of the	· · ·		- · · · · · · · · · · · · · · · · · · ·	
Name of New Registered	Agent	d office address: (Florida stree	· · · · · · · · · · · · · · · · · · ·	a, enter the		· · ·	nde)		
Name of New Registered A	dress:	(Florida stree	1 address)	s, enter the			nle)	<u>-</u> .	
Name of New Registered Agent's Signature Wew Registered Office Add	dress:	(Florida stree	i address) ity)		Florida	(Lip Co	nde)		
Name of New Registered Agent's Signature Wew Registered Office Add	dress:	(Florida stree	i address) ity)		Florida	(Lip Co	ule)		
Name of New Registered Agent's Signatur	dress: re, if changing Ray registered agent.	(Florida stree (Florida stree (C egistered Agent: I am familiar wi	ity) th and accep	or the obligu	Florida	(Lip Co	ode)		
Name of New Registered /	dress: re, if changing Ray registered agent.	(Florida stree	ity) th and accep	or the obligu	Florida	(Lip Co	ule)		

Attach additional sheets Please note the officer/di P = President: V= Vice Executive Officer: CFO = President, Treasurer, Di Changes should be noted	ector title by the first letter of the office title: President; T= Treasurer; S= Secretary; D= Directo Chief Financial Officer. If an officer/director holds actor would be PTD. In the following manner. Currently John Doe is list	or: TR= Trustee: C = Chairman or Clerk: CE s more than one title, list the first letter of each of the day the PST and Mike Jones is listed as the	O = Chief office held.
Mike Jones, V as Kemove	es the corporation, Sally Smith is named the V and and Sally Smith, SV as an Add	IS. These should be noted as John Doe, PT as	a Change.
Example: X Change	PT John Doe		` `
X Remove	Y Mike Jones		• • •
X Add	SV Sally Smith		
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s	
1) Change .	T YASMANY DEL TORO	9211 NW 114TH ST APT.8	
X Add		HIALEAH-GARDENS, FL 33018	-
Remove			
2) Change			-
Add			
Remove 3) Change			-
Add			-
Remove			-
4) Change	_		
Add			- ·
Remove			-
5)Change		· · · · · · · · · · · · · · · · · · ·	
Add			-
Remove			-
6) Change			
Add			
			-
Remove	•		

The date of each amendment(s) a date this document was signed.	doption:		, if other than the
-	24/2020		·
	(no more than 90 days after amendment file date)		
Note: If the date inserted in this is document's effective date on the D	block does not meet the applicable statutory filing requirements, this epartment of State's records.	date will n	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	•	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or hoard of directors without shareholder ac	ction and sh	archolder
☐ The amendment(s) was/were ad- by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendmen	ıt(s)	
n and a surface of the surface of th	proved by the shareholders through voting groups. The following states each voting group entitled to vote separately on the amendment(s):	nent	
by	for the amendment(s) was/were sufficient for approval		
0,9	(voting group)	•	
09/24/2020 Dated	A		
Signature	Queues		
, concord	rector, president or other officer – if directors or officers have not been it, by an incorporator – if in the hands of a receiver, trustee, or other could fiduciary by that fiduciary)	ırt ·	
	Ivan Pomares		
	(Typed or printed name of person signing) INCORPORATOR		
	(Title of person signing)		