## P11000066058

(Re	questor's Name)		
, (Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	<del>;</del> #)	
PICK-UP	WAIT	MAIL	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: TAQUERIA DEL VALLE INC					
DOCUMENT NUMBE	P17000066058				
	Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
	EULALIA RAYON VASQUEZ				
_	Name of Contact Person				
_					
	Firm/ Company 7625 TARA CIRCLE #101				
-	Address				
	NAPLES, FL 34104				
		City/ State and Zip Code	2		
DELVA	ALLEXOXO@YAHOO.CC	DM			
	_	sed for future annual report	notification)		
For further information concerning this matter, please call:					
JOSE DEL VALLE		at (	896-0728		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

## Articles of Amendment to Articles of Incorporation of

FAOUERIA DEL VALLE INC

TAQUERIA DE	L VALLE INC		
(Name of Corporation as curren	tly filed with the Florida Dep	t. of State)	
P17000	066058		
(Document Number	of Corporation (if known)		
tursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation a	dopts the following a	amendment(s)
s. If amending name, enter the new name of the corporation:			
		7	The new
ame must be distinguishable and contain the word "corporati Corp" "Inc.," or Co.," or the designation "Corp," "Inc," or ord "chartered," "professional association," or the abbreviation	"Co". A professional corpore	orated" or the abb	reviation
B. Enter new principal office address, if applicable:	12275 COLLIER BLVD U	JNIT 6	
Principal office address <u>MUST BE A STREET ADDRESS</u> )	NAPLES, FL 34116		
S. C			<del>.</del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			····
	<u> </u>		
			<del></del>
<ol> <li>If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre</li> </ol>		ne of the	
	<u>551</u>		
Name of New Registered Agent			
(Florida s	treet address)		
New Registered Office Address:		. Florida	
	(City)	(Zip Co	de)
ew Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familian		is of the position.	
	www.ana.accepr.me.accagaman	alia armi	
		200 B	
Signature of New	Registered Agent, if changing	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	77 t september 17
		THE TO	[7]
		military (n	أنوسيأ

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>	John Do	<u>ve</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				<del></del>
Remove				
2) Change				
Add				
Remove				
3) Change				
Add		_		
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
<del></del>				
6) Change		_		
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
·	
***************************************	· · · · · · · · · · · · · · · · · · ·
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	,
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(ij noi applicanie, maicale N/A)	
	* * * * * * * * * * * * * * * * * * * *
**************************************	
1-0.	

The date of each amendment		, if other than the
date this document was signed  Effective date if applicable:	11/1/17	·
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this dhe Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment ere sufficient for approval.	(s)
	re approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	ient .
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and sharehold	ler
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
11/8/1 Dated	7	
Signature	ERU	
(E	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other corpointed fiduciary by that fiduciary)	
	EULALIA RAYON VASQUEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<u></u>