P17000079490

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COVER LETTER

TO: Amendment Section Division of Corporations

	PORATION: COSTALL WILL				
DOCUMENT NU	MBER: P17000079490				
	des of Amendment and fee are st	bmitted for filing.			
Please return all co	rrespondence concerning this ma	tter to the following:			
	DAVID HERNANDEZ				
	Name of Contact Person				
	CAPITAL CONTROL OF SOUTH FLORIDA				
	Firm/ Company				
	1300 S.W. 122ND AVE				
		Address			
	MIAMI, FLORIDA 33184				
		City/ State and Zip Cod	e		
co	ontrol19@hotmail.com				
_	-	sed for future annual report	notification)		
		and the time of time of time of the time of ti	The state of the s		
For further informa	ition concerning this matter, plea	se call:			
LUIS ALONSO		1-954 at (295 0096		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check	c for the following amount made	payable to the Florida Depa	nrtment of State:		
	,				
🖫 \$35 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)		

Articles of Amendment to Articles of Incorporation of

2017 NATE - 6 PA 4: 30

LOS SIETE NIETOS, INC. (Name of Corporation as currently filed with the Florida Dept. of State) - 1 P17000079490 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: Paquitos Mexican Restaurant (Mailing address MAY BE A POST OFFICE BOX) 16265 Biscayne Blvd. North Miami Beach, Florida 3160 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida, New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered 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.

Example: X Change	PT Jol	<u>hn Doe</u>	
X Remove	<u>V</u> <u>Mi</u>	ikę Jones	
X Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	17.	Antonio Benjamin Alonso	2750 NE 183 Stret Apt 708 Tower
Add X Remove			Aventura, Florida 33166
2) Change	РТ	Luis Alonso	17310 NE 11 AVE
X Add			North Miami Beach, Fla 33162
Remove			
3) Change			
Add			
4) Change			
Remove			
5) Change Add			
Remove			
6) Change			
Add			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
orovisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s) adoption: date this document was signed.	, if other than th
Effective date if applicable: / 0	124/2017
Enective date ir appreame.	(no more than 90 days after amendment file date)
Note: If the date inserted in this block doe document's effective date on the Department	s not meet the applicable statutory filing requirements, this date will not be listed as the of State's records.
Adoption of Amendment(s)	CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for	he shareholders. The number of votes cast for the amendment(s) or approval.
	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):
	nendment(s) was/were sufficient for approval
by .	voting group)
(voting group)
action was not required.	he board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by t action was not required.	he incorporators without shareholder action and shareholder
OCTOBER 24, 20	9
7 -	
Signature	a
selected, by an i	resident or other officer – if directors or officers have not been accorporator – if in the hands of a receiver, trustee, or other court ary by that fiduciary)
LUIS AI	LONSO
	(Typed or printed name of person signing)
PRESID	ENT
	(Title of person signing)