

P17000083021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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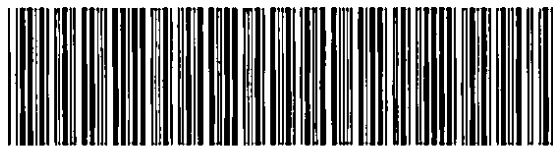
(Business Entity Name)

(Document Number)

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2018 AUG -2 PM 1:31

SECRETARY OF STATE  
TALLAHASSEE, FL

C. GOLDEN

AUG - 7 2018

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: LA CATRINA MEXICAN GRILL, INC

DOCUMENT NUMBER: P17000083021

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RODRIGUEZ-GALVEZ, DELMY Y

Name of Contact Person

LA CATRINA MEXICAN GRILL, INC

Firm/ Company

414 OCEAN BREEZE APT 1

Address

LAKE WORTH, FL 33460

City/ State and Zip Code

D-E@CONSULTANT.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RODRIGUEZ-GALVEZ, DELMY Y

Name of Contact Person

561

at

310-9503

Area Code & 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

LA CATRINA MEXICAN GRILL, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P17000083021

(Document Number of Corporation (if known))

2018 AUG -2 PM 1:31

SECRETARY OF STATE  
TALLAHASSEE, FL

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following  
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 suffix  
"Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain  
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:**  
(Mailing address MAY BE A POST OFFICE BOX)

6659 LAKE WORTH ROAD

LAKE WORTH FL 33467

**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

(City)

**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

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*P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C= Chairman or CEO; Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first title 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 a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, V as Remove, and Sally Smith, SV as an Add*

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
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X Remove	<u>V</u>	Mike Jones
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X Add	SV	Sally Smith
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Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	VC	ROMAN LOPEZ GARCIA	143 FERNE LN LAKE WORTH FL 33467
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

(Attach additional sheets, if necessary). (Be specific)

[illegible]

provisions for implementing the amendment if not contained in the amendment itself:

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08/01/2018

The date of each amendment(s) adoption: \_\_\_\_\_  
date this document was signed.

08/01/2018

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 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.

07/30/2018

Dated \_\_\_\_\_

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)

RODRIGUEZ-GALVEZ, DELMY Y

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)