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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: AJLM Food Service, Inc.	
DOCUMENT NUMBER: P1700008574	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Lynda Camacho, Certified Paralegal	
Name of Contact Person	
ScottHulse PC	
Firm/ Company	
P.O. Box 99123	
Address	
El Paso, Texas 79999-9123	
City/ State and Zip Code	
joseluis_serrato@grupolujor.com.mx	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Lynda Camacho, CP 915 546-8311	l
Name of Contact Person Area Code & Daytime To	elephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee \$\ \text{Certificate of Status} \text{Status} \text{S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)} \text{Certified Copy (Additional is enclosed)} Certified Copy (Additional	f Status py Copy
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center 6Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

AJLM FOOd Service, Inc.			
	(Name of Corporation as curre	ntly filed with the Florida Der	ot. of State)
AJLM Food Service, Inc.	P17101018572	4	
	(Document Number	r of Corporation (if known)	
Pursuant to the provisions of s its Articles of Incorporation:	section 607.1006, Florida Statutes, th	is Florida Profit Corporation s	adopts the following amendment(s) t
A. If amending name, enter	the new name of the corporation:		
N/A			***!
"Corp.," "Inc.," or Co.," or	le and contain the word "corporate the designation "Corp," "Inc," or nal association," or the abbreviation	· "Co". A professional corpor	The new orated" or the abbreviation ration name must contain the
B. Enter new principal offic	e address, if applicable:	N/A	20
(Principal office address MU.	ST BE A STREET ADDRESS)		5 C 9
			
C. Enter new mailing addre	ess, if applicable:	N/A	ندي . ماري
(Mailing address MAY BI	E A POST OFFICE BOX	N/A	yo R
			<u> </u>
D. If amending the registere new registered agent and	d agent and/or registered office ad /or the new registered office addre	dress in Florida, enter the nar	ne of the
	\$1/A	33.	
Name of New Register	red Agent		
	21/4	street address)	
New Registered Office Address: N/A			, Florida
		(City)	(Zip Code)
New Registered Agent's Sign	ature, if changing Registered Agen	16.	
l hereby accept the appointmen	nt as registered agent. I am familiar	n. with and accept the obligation	s of the position.
	Sionature of Naw	Revistered Agent if changing	
	DIKMINIC OF IVEW	AVERIAGE OF A VEHI. II CHANOINO	

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; CE() = 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.

Frample:

X Change	PT L	ohn Doc	
X Remove	<u>У</u> <u>М</u>	like Jones	
X Add	sy s	ally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	<u>T</u>	Abraham Gerardo Iga Davila	1410 20th Street, Suite 204
Add			Miami Beach, Florida 33139
X Remove			
2) Change	<u>s</u>	Maria Teresa Castillo Martinez	1410 20th Street, Suite 204
Add			Miami Beach, Florida 33139
X Remove			
3) Change	P	Antonio Ortiz	1410 20th Street, Suite 204
Add			Miami Beach, Florida 33139
X Remove			
4) Change	VP	Jose Luis Serrato	1410 20th Street, Suite 204
X Add			Miami Beach, Florida 33139
Remove			
5) X Change	D, P, S, T	Luis Antonio Ortiz Dominguez	1410 20th Street, Suite 204
Add			Miami Beach, Florida 33139
Remove			
6) Change			
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, Provisions for implementing the amendment if not contained in the amendment itself: (If not applicable, indicate N/A)	(Attach addition	adding additional Art	(Be specific)	CAT HELE.		
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The date of each amendment	N/A	, if other than the
date this document was signed.	3) Adoption.	, ii onter man are
	N/A	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more inan 90 aays after amenament file date)	
	his block does not meet the applicable statutory filing requirements, this date we Department of State's records.	till not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes east for the amendment(s) re sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement of 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	. н	
•	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder	
action was not required.	e adopted by the incorporators without shareholder action and shareholder	
Dated	JUly 03, 2019	
Signature		
	a director, president or other officer if directors or officers have not been	
sci ap	ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	Luis Antonio Ortiz Dominguez	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	