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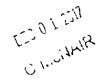
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#### COVER LETTER

BEN WAS ST NUT THE Division of Corporations NAME OF CORPORATION: LA BRASA MEXICAN FOOD INC DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: AUGUSTO FERREIRA Name of Contact Person CENTRAL FLORIDA FORMS SERVICE INC Firm/ Company 185 S WESTMONTE DR SUITE 1216 Address ALTAMONTE SPRINGS FL 32714 City/ State and Zip Code centralfloridaforms@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (407 ) 786-6400
Area Code & Daytime Telephone Number AUGUSTO FERREIRA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■S43.75 Filing Fee & □\$43.75 Filing Fee & S35 Filing Fee □\$52.50 Filing Fee

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enclosed)

(Additional copy is

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Certificate of Status

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(Additional Copy is enclosed)

## Articles of Amendment Articles of Incorporation

### LA BRASA MEXICAN FOOD INC

## (Name of Corporation as currently filed with the Florida Dept. of State) P17000092741

nt(s) to

(Document N	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida State its Articles of Incorporation:	ites, this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corpora	ation:
LA BRAS	A COCINA MEXICANA. INC  The new
	prporation," "company," or "incorporated" or the abbreviation ic," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES.	Σ)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	fice address in Florida, enter the name of the address:
Name of New Registered Agent	<del></del>
	Florida street address)
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am	
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	<u>PT</u>	John Doe	
X Remove	$\underline{V}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change	<del></del>		
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			·
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)	_		
			<del></del>	-
				· · · ·
				<del>.</del> .
			· · · · · · · · · · · · · · · · · · ·	
11.6				
If an amendment provides for an exc provisions for implementing the ame	nange, reclassification, or endment if not contained	in the amendment i	<u>tself:</u>	
(if not applicable, indicate N/A)				
-				

The date of each amendment(s) adoption this document was signed.	otion:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depa	ck does not meet the applicable statutory filing requirements, thirtment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendmerient for approval.	ent(s)
	ved by the shareholders through voting groups. The following sta ch voting group entitled to vote separately on the amendment(s):	tement
"The number of votes east for	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareh	older
The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholde	г
Dated	11/27-17	
Signature	Juin	
(By a dire selected, l	yor, president or other officer – if directors or officers have not be by an incorporator – if in the hands of a receiver, trustee, or other fiduciary by that fiduciary)	
	JAVIER MARTINEZ CONTRERAS	
_	(Typed or printed name of person signing)	
	PRESDENT	
_	(Title of person signing)	<del></del>