P1800003787

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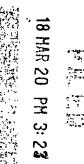


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R. WHITE MAR 21 2018



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: COLOMBIAN KI	THCEN, INC					
DOCUMENT NUM	P18000023787						
The enclosed Articles	s of Amendment and fee are su	abmitted for filing.					
Please return all corre	espondence concerning this ma	tter to the following:					
	JUSTIN RAY						
	Name of Contact Person						
	TLHA ENTERPRISES INC						
	Firm/ Company						
	4624 OAK LEAF DR.						
		Address					
	NAPLES, FL 34119						
		City/ State and Zip Cod	e				
	E-mail address: (to be us	sed for future annual report	notification)				
	·	·	,				
For further information	on concerning this matter, pleas	se call:					
DIAN EDWARDS		239 at (de & Daytime Telephone Number				
Name	of Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)				
	iling Address	Street	Address				
	endment Section		Amendment Section				
	rision of Corporations D. Box 6327		on of Corporations Building				
	lahassee, FL 32314		executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



18 MAR 20 PM 3: 23

COLOMBIAN KITTICEN, INC	の一般を表現している。 ・ 一般の表現を表現している。 ・ 一般の表現を表現している。
(Name of Corporati	ion as currently filed with the Florida Dept. of State)
218000023787	
(Docum	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the co	orporation:
COLOMBIAN KITCHEN, INC	The new
	vd "corporation," "company," or "incorporated" or the abbreviation o," "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	
	red 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 (Zip Code)
	(City) (Zip Coae)
New Registered Agent's Signature, if changing Reg hereby accept the appointment as registered agent.	zistered Agent: I am familiar with and accept the obligations of the position.
Sian	vature 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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add		-		
Remove				
0 0				
6) Change		_		
Add				
Pamova				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
· ·	
	
If an amendment provides for an eych	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:date this document was signed.	, if other than the
(no more than 90 c	lays after amendment file date)
Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	ele statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The me by the shareholders was/were sufficient for approval.	umber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders throug must be separately provided for each voting group entitled to vot	
"The number of votes cast for the amendment(s) was/were s	sufficient for approval
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors wi action was not required.	thout shareholder action and shareholder
■ The amendment(s) was/were adopted by the incorporators withou action was not required.	t shareholder action and shareholder
Dated O3/15/2018 Signature	
(By a director, president or other officer	- if directors or officers have not been ands of a receiver, trustee, or other court
ANDRES TABARES	
(Typed or printed nar	ne of person signing)
PRESIDENT	
(Title of p	person signing)