(Requestor's Name) (Address) 700336444707 (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL 11/05/19--01024--006 **43.75 (Business Entity Name) (Document Number) 2015.1 Certificates of Status Certified Copies _____ C I []] 나: 0] Special Instructions to Filing Officer: Office Use Only

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ANTOJITOS VENEZUELA CORP.

DOCUMENT NUMBER: ______

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

Please return all correspondence concerning this matter to the following:

ANNY BARBOZA

Name of Contact Person

ANTOJITOS VENEZUELA CORP

Firm/ Company

303 NE 3RD AVE SUITE 4

Address

CAPE CORAL, FL 33909

City/ State and Zip Code

antojitosvenezuela1@gmail.com

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

For further information concerning this matter, please call:

 ANNY BARBOZA
 at (813)
 966 9658

 Name of Contact Person
 Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

□ \$35 Filing Fee

■S43.75 Filing Fee & Certificate of Status

S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

<u>Mailing Address</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ANTOJITOS VENEZUELA CORP

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

P18000034952

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(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 abbreviatio "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation name must contain th word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>) N/A C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>) N/A 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 N/A (Florida street address) N/A (Florida street address) | N/A | | | 7. | he new |
|--|--|---------------------------|------------------------|--------------------------|-----------|
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>) N/A 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: N/A N/A (Florida street address) N/A (Florida street address) N/A (Florida street address) | "Corp., " "Inc., " or Co., " or the design | ation "Corp." "Inc." or ' | "Co". A professional c | ncorporated" or the abbi | reviation |
| (Mailing address MAY BE A POST OFFICE BOX) 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 N/A (Florida street address) N/A New Registered Office Address: | | | N/A | | |
| new registered agent and/or the new registered office address: | | | N/A | | |
| new registered agent and/or the new registered office address: | | | | <u>ie name of the</u> c | |
| <u>New Registered Office Address:</u> N/A, Florida, | | | <u>s:</u> | | |
| | New Registered Office Address: | | reet address) | Florida | |
| (City) (Zip Code) | | | (City) | | le) |

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 PΤ John Doe X Remove V Mike Jones <u>X</u> Add <u>SV</u> Sally Smith Type of Action <u>Title</u> Name Address (Check One) ANNY BARBOZA 1508 EVEREST PKWY р 1) Change CAPE CORAL, FL. 33904 ___ Add Х Remove **RICARDO COVA ARGUELLES** 303 NE 3RD AVE SUITE 4 2) ____ Change CAPE CORAL, FL. 33909 Х Add Remove VΡ NICAR DE MARIA SANDINO 303 NE 3RD AVE SUITE 4 3) ____ Change Х CAPE CORAL, FL. 33909 Add ___ Remove 4) ____ Change Add ___ Remove 5) Change Add Remove 6) ____ Change __ Add Remove

| E. <u>If amending or adding additional Arti</u> (Attach additional sheets, if necessary). | (Be specific) |
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| N/A | |
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| F. If an amendment provides for an exch | hange, reclassification, or cancellation of issued shares, |
| provisions for implementing the ame (if not applicable, indicate N/A) | endment if not contained in the amendment itself: |
| N/A | |
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| The data of each among data and the | 10/28/2019 | | |
|---|--------------------------------|--|-----------------------|
| The date of each amendment(s) ad date this document was signed. | option: | ······ | , if other than |
| • | 8/2019 | | |
| Effective date if applicable: | 0/2017 | | |
| | (no more than | 90 days after amendment file date) | |
| Note: If the date inserted in this b document's effective date on the De | | icable statutory filing requirements, this date v | will not be listed as |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | | |
| The amendment(s) was/were ado by the shareholders was/were su | | ne number of votes cast for the amendment(s) | |
| | | rough voting groups. The following statement) vote separately on the amendment(s): | |
| "The number of votes cast | or the amendment(s) was/we | ere sufficient for approval | |
| by | | | |
| | (voting group) | | |
| action was not required. | | s without shareholder action and shareholder | |
| action was not required. | | | |
| 10/28/2019 Dated Signature | (I traunda | 4 D | |
| (By a di | rector president or other off | icer -if directors or officers have not been | |
| selected | , by an incorporator -if-in-t | he hands of a receiver, trustee, or other court | |
| | ed fiduciary by that fiduciary | | |
| | ANNY BARBOZA | | |
| | (Typed or printed | l name of person signing) | |
| | PRESIDENT | | |
| | (Title | of person signing) | |