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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Antojitos Venezue	ela, Corp	
DOCUMENT NUMB	D18000031053		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	itter to the following:	
	Ricardo Cova Aguelles		
-		Name of Contact Persor	1
	Antojitos Venezuela, Corp.		
-	 -	Firm/ Company	
	303 NE 3rd Avenue #4		
•	 . ,	Address	.
	Cape Coral, Fl. 33909		
-		City/ State and Zip Code	3
	antojitosvenezuela@yahoo.co	om	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, plea-	se call:	
Ricardo Cova Arguello	es	at (305	879-3039 de & Daytime Telephone Number
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Antojitos venezueia, Corp			
(Name of Corporation as	currently filed with the Flo	rida Dept. of State)	
P180000034952			
(Document N	Sumber of Corporation (if kno	(מאיכ	
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	ates, this Florida Profit Corpo	oration adopts the following amendm	ient(s)
A. If amending name, enter the new name of the corpor	ation:		
name must be distinguishable and contain the word "corpora". Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviation.	"Co". A professional corpo		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES.	<u>S</u>)		
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, ente	er the name of the	1 j
Name of New Registered Agent			(I)
	lorida street address)		
New Registered Office Address:		Florida 2	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am J	ed Agent: Camiliar with and accept the o		

Check if applicable

 $[\]Box$ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
l) Change	VP	Fersi A. Colina Torres	303 NE 3rd Avenue #4
X Add			Cape Coral, FL. 33909
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			·
Remove			
5) Change			
Add			
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)	
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provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
(у пот аррисавие, таксане :ч/А)	

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The date of each amendment(s):	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac action was not required.	sopted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were	lopted by the shareholders. The number of votes east for the amendment of for approval.	ent(s)
	proved by the shareholders through voting groups. The following state reach voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
bv		
,	(voting group)	
11/04/20: Dated	20	
Signature	ite / no the	
(By a	director, president or other officer - if directors or officers have not be	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other onted fiduciary by that fiduciary)	court
аррог	• •	
	Ricardo Cova Arguelles	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	