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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: $\frac{L}{-}$	A CHULA CUIS	SINE, INC.	
	0055241		
The enclosed Articles of Amendme	ent and fee are su	bmitted for filing.	
Please return all correspondence co	oncerning this ma	atter to the following:	
MOSELLA	GRAY		
<u></u>		Name of Contact Person	on
		Firm/ Company	
2011 NW 1	39TH TERRACE	2	
PEMBROK	E PINES, FL 33	Address 028	
		City/ State and Zip Co	de
MOSMEX81@H	OTMAIL.COM		
E-mail	address: (to be u	sed for future annual repor	rt notification)
For further information concerning	this matter, plea	se call;	
MOSELLA GRAY		954 at (dode & Daytime Telephone Number
Name of Contact Pe	erson	Area C	ode & Daytime Telephone Number
Enclosed is a check for the followi	ng amount made	payable to the Florida Dep	partment of State:
	75 Filing Fee & Ficate 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amer Divis Clifto	t Address Induction of Corporations In Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

LA CHULA CUISINE, INC.

TA CHODA GOISHIZ, INC.	-		
- ""	tly filed with the Florida Dept. of State)		
P18000055241			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation:			
	The new		
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the		
B. Enter new principal office address, if applicable:	5822 S FLAMINGO RD		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	COOPER CITY, FL 33330		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5822 S FLAMINGO RD		
	COOPER CITY, FL 33330		
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre			
Name of New Registered Agent			
· · · · · · · · · · · · · · · · · · ·			
(Florida s	street address)		
New Registered Office Address:	. Florida		
	(Zip Code)		
New Registered Agent's Signature, if changing Registered Ager	<u>uu</u>		
I hereby accept the appointment as registered agent. I am familia			
	<u> </u>		
Signature of New	Registered Agent, if changing		
A service of the serv			

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 Doe			
X Remove	$\underline{\mathbf{V}}$	Mike Jones			
<u>X</u> Add	<u>SV</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change	VP	FRED J GRAY	2011 NW 139TH TERRACE		
Add			PEMBROKE PINES, FL 33028		
X 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 NA)	•	(Be specific)	<u>e</u> :	
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(if not applicable, indicate N/A)	provisions for implementing the amer	ange, reclassification, of	in the amendment itself:	ares,
	(if not applicable, indicate N/A)			
			<u> </u>	
				1

The date of each amendment(s) ac date this document was signed.	option:, it other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ade by the shareholders was/were su	oted by the shareholders. The number of votes east for the amendment(s) ficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	or the amendment(s) was/were sufficient for approval
by	
	(voting group)
☐ The amendment(s) was/were add action was not required.	oted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	oted by the incorporators without shareholder action and shareholder
Dated10	102/18
Signature	rectar president or other officer - if directors or officers have not been
(By a d selecte	rector_president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	MOSELLA GRAY
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)