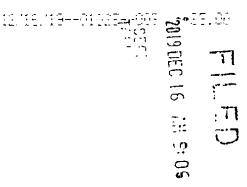
## P18000067514

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## **COVER LETTER**

TO: Amendment Section

**Division of Corporations** YALETZA CAFETERIA INC NAME OF CORPORATION: \_ P18000067514 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SELMA BARAHONA Name of Contact Person F. BARAHONA SERVICES Firm/ Company 13805 NE 16 AVE Address NORTH MIAMI FL 33161 City/State and Zip Code CD5925@MSN.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SELMA BARAHONA Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

YALETZA CAFETERIA INC

		<u> </u>					<del></del>
( <u>Name o</u>	of Corporation as	currently	filed with the Fl	<u>orida Dept. o</u>	<u>f State</u> )		
P18000067514							
	(Document A	Sumber of C	Corporation (if kr	nown)			
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Stat	utes, this Fi	lorida Profit Cor	<i>poration</i> adop	ots the following	ng amend	ment(s)
A. If amending name, enter the new na	ime of the corpor	ration:					
N/A		1				The _n	
name must be distinguishable and considerated considerates of the design word "chartered," "professional associa  B. Enter new principal office address,	ation "Corp," "li tion," or the abbro	nc," or "Co	o". A professioi			abbreviat	ion
Principal office address <u>MUST BE A S</u>		<u>\$</u> )					_
							_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ı İ	N/A			2019 DEC	- -
		1			<del></del>		_ ;"
		Ì				7:	! ] ]
). If amending the registered agent an new registered agent and/or the new			ss in Florida, en	ter the name	of the .	9. 06	Ü
Name of New Registered Agent	BYRON A. ME	NDEZ MU	NOZ				
Name of New Registered Agent	1801 NW 7 ST	IIINIT 7	····			P1	
		 	t addmans			_	
	MIAMI		r adaressy		33125		
New Registered Office Address:		1	Tity)	, F	lorida	Code)	_
			,/		(2-17)	Coary	
New Registered Agent's Signature, if c	hanging Registers	ed Agent:					
hereby accept the appointment as regist	ered agent Lam <sub>.</sub>	Jamiliar wii	th and accept the	obligations o	f the position,		
	Mart P	M. M	:				
	Signature	of New Res	vistered Agent, if	chanving		_	

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  $\underline{PT}$ John Doc X Remove V Mike Jones <u>SV</u> Sally Smith  $\underline{X}$  Add Type of Action <u>Title</u> Address Name 1 (Check One) 1801 NW 7 ST UNIT 7 MENDEZ VELASQUEZ, ERICK 1) \_\_\_\_ Change MIAMI FL 33125 \_\_\_\_ Add XXX Remove BYRON A. MÉNDEZ MUNOZ 1801 NW 7 ST UNIT 7 2) \_\_\_\_ Change MIAMI FL 33125 \_\_\_\_ Remove 3 ) \_\_\_\_ Change \_\_\_ Add Remove 4) \_\_\_\_ Change \_\_ Add \_\_ Remove 5) \_\_\_\_ Change \_\_ Add \_ Remove 6) \_\_\_\_ Change \_\_ Add \_\_ Remove

(Attach additional sheets, if necessary). (  VA	Be specific)		
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If an amendment provides for an exchan	ge reclassification or	cancellation of issued shar.	ne
provisions for implementing the amenda	ment if not contained i	n the amendment itself:	<u>,</u>
(if not applicable, indicate N/A)			
7/A			
<del></del>	<u> </u>		
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The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :	I	
	(no more i	han 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the		applicable statutory filing requirements, this date will not be listed as the ds.
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were		. The number of votes east for the amendment(s)
		s through voting groups. The following statement ded to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) wa	 s/were sufficient for approval
by	(voting group)	· · · · · · · · · · · · · · · · · · ·
	(voting group)	•
☐ The amendment(s) was/were a action was not required.	dopted by the board of dire	ctors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	dopted by the incorporators	s without shareholder action and shareholder
Dated	NOVEMBER 19, 2019	
Signature <u>P</u>	Aur A M. Ali	
selec	director, president or other sted, by an incorporator – if inted fiduciary by that fiduciary	officer – if directors or officers have not been in the hands of a receiver, trustee, or other court cary)
	BYRON A. N	I MENDEZ MUNOZ
	(Typed or pri	nted name of person signing)
	PRESIDENT	
	(	Title of person signing)
		Page 4 of 4