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APR 20 2021 S. YOUNG

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: LA PRINCESA PL	ZZERIA & CUBAN BAKI	ERY INC		
DOCUMENT NUM	BER:				
The enclosed Articles	of Amendment and fee are sub	omitted for filing.			
Please return all corre	spondence concerning this mat	ter to the following:			
	Bradley W. Butcher				
		Name of Contact Person			
	Butcher & Associates, PL				
		Firm/ Company			
	6830 Porto Fino Circle, Suite	2			
	Address				
	Fort Myers, FL 33912				
		City/ State and Zip Code	<u> </u>		
	Yadiramatan E-mail address: (to be us	205 0702 0 gm ed for future annual report	notification)		
For further information	n concerning this matter, pleas	e cali:			
Bradley W. Butcher		at (	322-1651		
Name	of Contact Person	Area Coo	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	irtinent 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

Street Address
Amendment Section Division of Corporations The Centre of Tallahassee

#### Articles of Amendment to Articles of Incorporation of

LA PRINCESA PIZZERIA & CURAN BAKERY INC

(Name (	of Cornoration as currently	filed with the Florida Dept. of S	State)		
P18000080313			<del></del> /		
	(Document Number of O	Corporation (if known)		<del></del>	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Fl</i>	lorida Profit Corporation adopts	the followi	ng ameno	lment(s) i
A. If amending name, enter the new na	ame of the corporation:				
				TI.	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	lorp," "Inc," or "Co". A				p., "
B. Enter new principal office address,	if applicable:			2	_
(Principal office address <u>MUST BE A S</u>				120	
					<del>-</del> `.'
			::	_ <del></del>	
C. Vatar now mailing addrage (famili	anhla			دده	·
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)			•	P ::	
				ပ္ပ	_:;
					-
		•		<u></u>	
D. If amending the registered agent an	d/or registered office addre	ss in Florida, enter the name of	the		
new registered agent and/or the new	v registered office address:				
Name of New Registered Agent	Miguel Obregon Sosa				
	1305 Homestead Road N., S	uite 105		_	
	(Florida stree	address)		_	
N. B 100 (11	Lehigh Acres		33936.		
New Registered Office Address:		, Flor		Code)	_
		•		,	
New Registered Agent's Signature, if c	hanging Registered Agent:				
I hereby accept the appointment as regist	ered agent. I am familiar wii	th and accept the obligations of th	he position.		
	1/	1			
		/ i			
	Standard Co.			_	
	Signature of New Reg	gistered Agent, if changing			

## Check if applicable

■ 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)

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 <u>PT</u> John Doe X Remove V Mike Jones <u>X</u> Add $\underline{SV}$ Sally Smith Address Type of Action Title (Check One) 1305 Homestead Rd. N., Suite 105 Gemma Perez Santos 1) \_\_\_\_ Change Lehigh Acres, FL 33936 \_\_\_\_ Add Remove CEO Miguel Obregon Sosa 1305 Homestead Rd. N., Suite 105 \_ Change Lehigh Acres, FL 33936 \_\_\_\_ Add Remove Change \_\_\_ Add Remove 4) \_\_\_\_ Change \_\_\_\_ Add Remove 5) \_\_\_\_ Change \_\_\_ Add Remove 6) \_\_\_\_ Change Add \_\_\_\_ Remove

Attach additional sheets, if necessary).	(Be specific)			
	<del>_</del>			
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			•	
		n		
f an amendment provides for an excl provisions for implementing the ame	nange, reclassification Indment if not contain	n, or cancellation in the amer	on of Issued snar ndment itself:	es,
(if not applicable, indicate N/A)				
				· · · · · · · · · · · · · · · · · · ·
		7.		

The day of a heart and a second	February 1, 2021	if other than the
the date of each amendment(s) adoption date this document was signed.	tion:	It other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depar	c does not meet the applicable statutory filing requirements, this tment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte action was not required.	d by the incorporators, or board of directors without shareholder a	ction and shareholder
The amendment(s) was/were adopted by the shareholders was/were suffice.	d by the shareholders. The number of votes cast for the amendme ient for approval.	nt(s)
	ed by the shareholders through voting groups. The following state h voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by		
V;	(voting group)	
Dated $2-17$	1-21 be	
(By a direct selected, b	tor, president or other officer – if directors or officers have not beg y an incorporator – if in the hands of a receiver, trustee, or other c fiduciary by that fiduciary)	
M	guel Obregon Sosa	
	(Typed or printed name of person signing)	
CF	0	
_	(Title of person signing)	