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(City/State/Zip/Phone #)	11/04/1801093003 ++48.75
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LOS VITRALES CUBAN FOOD INC.

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

Please return all correspondence concerning this matter to the following:

LOS VIT	Name of Contact Person RALES CUBAN FOOD INC.
· •	Firm/ Company
2910 5	W 16th STREET
	Address
MIAMI	, FLORIDA 33126
	City/ State and Zip Code

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

For further information concerning this matter, please call:

Name of Contact Person

_____ at (**186**_____ **800 - 70**

Area Code & Daytime Telephone Number

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

□ \$35 Filing Fee

□ \$43.75 Filing Fee & Certificate 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 Street Address Amendment Section

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation of

LOS VITRALES CUBAN FOOD INC

(Name of Corporation as currently filed with the Florida Dept. of State) 77 - 4 PH 4: 41

P18000081232

(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:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)

- C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
- D. <u>If amending the registered agent and/or registered office address in Florida, enter the name of the</u> new registered agent and/or the new registered office address:

Name of New Registered Agent	ARIE	L H	EBN	ANDE	Z		
	1760	SW	139	PLACE	, miami,	FL,	33175
1760 SW 139 PLACE, MIAMI, FL, 33175 (Florida street address)							
New Registered Office Address:	1760	SW	139 P	LACE	miani	Florida_	33175
	<u>.</u>			ίŋγ)	•		(Zip Code)
			И.	<i>U</i> <u>y</u>)			(Zip Code)

<u>New Registered Agent's Signature, if changing Registered Agent:</u> *Thereby accept the appointment as registered agent — Lam familiar with and accept the obligations of the position.*

Whew 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:

<u>X</u> Change	<u>fol T4</u>	<u>in Doe</u>	
<u>X</u> Remove	<u>V</u> <u>Mi</u>	<u>ke Jones</u>	
<u>X</u> Add	<u>SV</u> <u>Sal</u>	lly Smith	
<u>Type of Action</u> (Check One)	Title	Name	<u>Addres</u> s
I) Change Add Remove	<u>P</u>	ALEXIS FERNANDEZ	2910 SW 16th STREET MIAMI, FLORIDA 33145
2) Change Add Remove	<u>P,V,T,S</u> ,t	ARIEL HERNANDEZ	1760 SW 139 PLAOF MIAMI, FL 33175
3) Change			
Remove 4) Change Add Remove			
5) Change Add			

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E. <u>If amending or adding additional Articles, enter change(s) here</u>: (Attach *additional sheets, if necessary).* (Be specific)

F. 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)

_ . _

date this document was signed. Effective date if applicable: 17 AUSUST 2019 (no more than 90 days after amendment file date)	
Effective date <u>if applicable</u> : <u>17 AUSUST 2019</u> (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.	is the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) wæ/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
□ The amendment(s) was/were approved by the shareholders through voting groups. <i>The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):</i>	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
□ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 17 AUGUST 2019	
Signature	
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator $-$ if in the hands of a receiver, trustee, or other court	

ALAL		
	or printed nan	signing)

PRESIDENT

,

(Title of person signing)

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