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R. WHITE NOV 08 2018 OIBNOV-2 PMIZ:

COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: $\frac{\sqrt{2}}{\sqrt{P}}$	Good . Ta De Haled Corp.
DOCUMENT NUMBER: P	18000087624
The enclosed Articles of Amendment and	
Please return all correspondence concern	ing this matter to the following.
	PEDRO GONZALEZ RIVERA
- 	Name of Contact Person
	LA GORDITA DE HIALEAH CORP
	Firm/ Company
	628 EAST 9 ST
	Address
	HIALEAH FLORIDA 33010
	City/ State and Zip Code
	rosiesosa5@yahoo.com
E-mail addre	ss: (to be used for future annual report notification)
For further information concerning this a	natter, please call:
PEDRO GONZALEZ RIVERA	at (305
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following am	ount made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Fili Certificate	
<u>Mailing Address</u>	Street Address
Amendment Section Division of Corporatio	Amendment Section ns Division of Corporations
P.O. Box 6327	Clifton Building
Talfahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2018 NOV -2 PM 12: 25

(Name of Corporation as curren	ntly filed with the Flo	rida Deprof State) V 115 C 25-75
LA GOLDITA DE HIALEA		TALLAHASSEE, FL
(Document Number	of Corporation (if kno	own)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corp	coration adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
LA GORDITA DE HIALEAH CORP		The new
name must be distinguishable and contain the word "corporal "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	Ca . A professione	"incorporated" or the abbreviation al corporation name must contain the
B. Enter new principal office address, if applicable: (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. If amending the registered agent and/or registered office ac new registered agent and/or the new registered office addre		er the name of the
Name of New Registered Agent		
(Florida	street address)	
New Registered Office Address:	tCity)	, Florida
		,
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	nt:) we with and accept the	obligations of the position.
butonzaka	era. •	
Signature of yer	w Registered Agent, if a	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:

 $P = President; V \cap Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer director holds more than one title, list the first letter of each officer held. President, Treasurer, Director would be PTD.$

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 De	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Si	n <u>ith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
I) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				-
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				<u> </u>
6) Change		_		
Add				
Remove				

E. If amending or adding additional / (Attach additional sheets, if necessar)	rticles, enter change(s) here: () (Be specific)		
ONLY CORRECTION OF MISSPELL			
		<u> </u>	
	<u> </u>		
	 -		
			
			
	, P		
 If an amendment provides for an e provisions for implementing the a 	change, reclassification, or o	rancellation of issued shap	res.
(if not applicable, indicate N/A)	nenament ii not contained ii	the amendment resent.	
		<u>,,</u>	
			_ .
•			
		···	

	10/31/2018
The date of each amendment(s) a	doption:, if other the
date this document was signed.	
10/ Effective date if appli <u>cable</u> :	1/2018
manual in approxime.	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the D	lock does not meet the applicable statutory filing requirements, this date will not be listed a partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	for the amendment(s) was/were sufficient for approval
by	(yoting group)
	(voting group)
☐ The amendment(s) was/were action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were action was not required.	opted by the incorporators without shareholder action and shareholder
10/31/201 Dated	San defairera
fily a select	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	PEDRO GONZALEZ RIVERA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)