P18000093063

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: EL PROVEEDOR	R GROCERY & MIXICAN	FOOD INC
	ER: P-18000093063		<u>-</u> -
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.	
Please return all corres	oondence concerning this ma	tter to the following:	
1	MARIA E BOLAINES		
-		Name of Contact Person	1
I	EL PROVEEDOR GROCE	RY & MIXICAN FOOD II	NC
-	 	Firm/ Company	
:	2603 JUANITA AVE		
-		Address	<u></u>
1	FORT PIERCE, FL 34946		
-		City/ State and Zip Cod	e
	ELSYBOLANOS1@GMAII	LCOM	
-	_	sed for future annual report	notification)
For further information	concerning this matter, plea	se call: at (302-6867
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status
Amer Divis P.O.	ing Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

EL PROVEEDOR GROCERY & MIXICAN FOOD INC

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

2020 FF3 18 PH 4: 13

(Name	of Corporation as curren	tly filed with the Florida	Dept. of State)
P18000093063			
	(Document Number	of Corporation (if known))
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006. Florida Statutes. thi	s Florida Profit Corporat	ion adopts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation:		
EL RINCONCITO CENTROAMERIC	ANO INC		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contain the contain and the contain the contain of the contain the conta	Corp, " "Inc," or "Co".	A professional corporat	ated" or the abbreviation "Corp.," ion name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2603 JUANITA AV	
		FORT PIERCE, FL	. 34946
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2603 JUANITA AVE	
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Maning dauress MAT BE A POST OFFICE BOX)		34946
D. If amending the registered agent an new registered agent and/or the ne			ne name of the
Name of New Registered Agent	MARIA E BOLAINES		
	2603 JUANITA AVE	-	
	(Florida s	areet address)	
New Registered Office Address:	FORT PIERCE		34946 . Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if of the Interest of the of	tered agent. I am familian	nt: with and accept the obligions Registered Agent, if change	
	Signature of New	Registered Agent, if chang	ging
Check if applicable			

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	PT John Do	<u>oe</u>	
X Remove	<u>V</u> <u>Mike Jo</u>	<u>ones</u>	
X Add	SV Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Ramova			

(Attach add	litional sheets, if ne	cessary). (Be sp	ter change(s) he pecific)			
/A						
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If an amai	ndment provides f	ar an avchanga r	aclassification	or cancellation o	of icenad charac	
provision	is for implementin	g the amendment	if not containe	d in the amendn	nent itself:	
-	t applicable, indica	ite N/A)				
/A						
				-		
		 				