P19000007859

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: El Patron Restaurante Inc. DOCUMENT NUMBER: P1900007859 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company Fort Myers FL 33916
City/State and Zin Code emarmandez 90 @ amail. com il address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: **⊠**\$52.50 Filing Fee ☐ \$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

El Patron Restaurante Inc.	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P1900007859	· · · · · · · · · · · · · · · · · · ·
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s),to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "co	The new ompany," or "incorporated" or the abbreviation "Corp.,"
"Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	projessional corporation name musi contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	3700 Piazza Drive Apt#203 Fort Myers FL 33916
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 address: Name of New Registered Agent Abrahan Wa	
(Florida stre	et address)
New Registered Office Address:	, Florida City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar was signature of New Registered Agent:	igh and accept the obligations of the position. gistered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e) FS
The amendment(s) is are being thed pursuant to s. 607.0120 (11) (υ _λ , τ.ο.

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)

Example:

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	Abrahan W. Hernandez	3700 Piazza Dr. Apt#203
Add			Fort Myers FL 33916
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	nange, reclassific endment if not c	cation, or cancel ontained in the a	lation of issued sh mendment itself:	ares,	
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The date of each amondment(c) adoption	n.	8/5/	20		, if other than the
The date of each amendment(s) adoption late this document was signed.	11.				_,
Effective date if applicable:					
	(no more th	ian 90) days aft	er amendment fil	e date)	
Note: If the date inserted in this block document's effective date on the Departme	oes not meet the a ent of State's recor	applicable statu ds.	tory filing requi	rements, this date will	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)				
The amendment(s) was/were adopted b action was not required.	y the incorporators	s, or board of d	irectors without	shareholder action and	shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficier	by the shareholders nt for approval.	. The number	of votes cast for	the amendment(s)	
☐ The amendment(s) was/were approved must be separately provided for each v	by the shareholder coting group entitle	rs through voti ed to vote sepa	ng groups. The frately on the am	following statement endment(s):	
"The number of votes cast for the	e amendment(s) wa	as/were sufficio	ent for approval		
by		<u></u>	·		
,	(voting group)				
Dated	/5/2 C)			
Signature me du	11 Harman	- de			
(By a director	, president or othe	r officer – if di	rectors or officer	s have not been	
	in incorporator - if		f a receiver, trus	tee, or other court	
appointed fid	luciary by that fidu	, (alma	Hernaude Z)
	(Typed or pr		person signing)	<u> </u>	
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	(Title of pers	son signing)			