P190000 10948

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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORAT	ION:	REY TEQ	UENO INC				
	CUMENT NUMBER:P19000010948						
The enclosed Articles of A	mendment and fee are sul	bmitted for fili	ng.				
Please return all correspon	dence concerning this mat	ter to the follo	wing:				
	MIC	GUEL A BAS	ΓIDAS VILI	LALOBOS			
	Name of Contact Person						
		Firm/ C	Company				
	32	209 HERONS	POINT CIR				
	Address						
		KISSIMMEE	, FL 34741				
		City/ State a	and Zip Cod	2			
	rey	rtequeno19@g	mail.com				
	E-mail address: (to be us	ed for future a	nnual report	notification)			
For further information cor							
	ASTIDAS VILLALOBO	S at (
Name of Co	ontact Person		Area Co	de & Daytime Telephone Number			
Enclosed is a check for the	following amount made p	payable to the	Florida Depa	artment of State:			
S35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	S43.75 Fill Certified (Additional enclosed)	Copy l copy is	□S52.50 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			Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

of

REY TEQUENO INC

(Name of Corporation as currently	filed with the Florida Dept. of State)
P19000	010948
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Torida 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, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	200 The Transport of th
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	8: 04
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	_ .
	and the second
	er adaress)
New Registered Office Address:(, Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Re	gistered 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	BASTIDAS VILLALOBOS, MIGUEL A	3209 HERONS POINT CIR
Add			KISSIMMEE, FL 34741
Remove			
2) X Change	VP	FERNANDEZ VERA, EDINSON E	3209 HERONS POINT CIR
Add			KISSIMMEE, FL 34741
Remove			
3)Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
/ Change			
Add			
Remove			
Change		_	
Add			
Damous			

(Attach	nding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
<u> </u>	
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. If an a	mendment provides for an exchange, reclassification, or cancellation of issued shares,
provi	sions for implementing the amendment if not contained in the amendment itself:
()	f not applicable, indicate N/A)

The data of each amandment(c) ad	02/23/2019 antian	, if other than the
The date of each amendment(s) addate this document was signed.	option:	, if other man me
Effective date if applicable:	02/26/2019	
Effective date it apprearie.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this partment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendm Micient for approval.	ent(s)
	roved by the shareholders through voting groups. The following stateach voting group entitled to vote separately on the amendment(s):	tement
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	pted by the board of directors without shareholder action and shareh	nolder
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholde	т
Dated	02/24/2019	
Signature	High 3.	
(By a d	rector, president or other officer – if directors or officers have not b l, by an incorporator – if in the hands of a receiver, trustee, or other ed fiduciary by that fiduciary)	
	MIGUEL A BASTIDAS VILLALOBOS	
	(Typed or printed name of person signing)	
	Vice- President	
	(Title of person signing)	