# P19000020919

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#### COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: MANISCOS LOS 3 SINENAS INC DOCUMENT NUMBER: <u>P 190000</u>209**1**9 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: PAY DOMMQUEZ

Name of Contact Person Smaart, LLC Firm/ Company 8200 Hipleah Banden Blud Bay 8 Address Higlegh FL 33018
City/ State and Zip Code F-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Party Deminquez at (905) 819 - 3675

Stame of Contact Person

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 Filling Fee & □\$43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosea) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

#### Articles of Amendment

to

## Articles of Incorporation

of

Mariscos las 3 4	2 menas	INC		
(Name of Corporation as		the Florida Dept. of	State)	
P190000	<del></del>			
(Document I	Number of Corporation	n (if known)		
Pursuant to the provisions of section 607,1006. Florida Statits Articles of Incorporation:	utes, this <i>Florida Pro</i> j	<i>fit Corporation</i> adopt	s the following amendment	t(s) to
A. If amending name, enter the new name of the corpor	ation:			
			Thenew	
name must be distinguishable and contain the word "corpor "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviation	"Co". A profession			
B. Enter new principal office address, if applicable:				
Principal office address <u>MUST BE A STREET ADDRES</u>	<u>58</u> )			
	<del></del>		<u> </u>	
C. Enter new mailing address, if applicable:			-0 ·	_
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )			PF 2:	
			S	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		da, enter the name o	of the	
Name of New Registered Agent				
(4	Florida street address)			
New Registered Office Address:	(Ciņy	, Flo	orida	
	(Ciṇy		(Zip Code)	
New Registered Agent's Signature, if changing Registere the appointment as registered agent. I am		ept the obligations of	the position.	
Vive dura	of New Registered Ag	rant Hadamarine		

### Check if applicable

☐ The amendment(s) is ass being filed pursuant to s. 607.0120 (11) (c), F.S.

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 = Unief 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 !	<u>Doe</u>	
X Remove	y <u>Mike</u>	<u>Jones</u>	
X Add	SV Saily:	<u>Smith</u>	
Type of Action (Check One)	Tide	Name	<u>Addres</u> s
1) X Change	<u> </u>	ERICA LOZANO	27862 South Dixie Highway
Add			HomesTead FL 33032
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change	· ·		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	····		
Add			
Remove			

mending or adding additiona ach additional sheets, if necess	ary), (Be specific)				
- -					
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n amendment provides for an	a exchange, reclassifi	cation, or cancell	ation of issued shar	es,	
ovisions for implementing the (if not applicable, indicate N	<u>e amendment if not c</u> Z4)	ontained in the ai	nenament itself:		
(5					
					<del></del>
			· <u> </u>		<u></u>

The date of each amendment(s) adoption:, if other the date this document was signed.	an
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	as
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was were sufficient for approval.	
☐ The amendment(s) was were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
evoling groups	
Dated 07/30/2020 Signature Euca Lozano	
e l	
Signature (Ey 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	
appointed fiduciary by that fiduciary)	
ERICA LOZANO	
EPi(H LOZANU  (Typed or printed name of person signing)	
$\supset$	
(Title of person signing)	

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