# P190000 21332

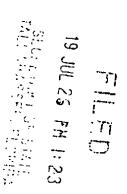
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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### **COVER LETTER**

TO: Amendment Section

Division of Corpora	ations .	
NAME OF CORPORA	ATION: LATIN QUARTERS Bestaurant In	ر
DOCUMENT NUMBE	CR: 9 19000021332	
The enclosed Articles of	Amendment and fee are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	IRIS Argue (c)  Name of Contact Person  Latin Quarters Restaurant In  Firm/ Company  5414 615+ 6  Address  Bradenton Fl. 34203  City/ State and Zip Code  Refael Arguelles 1 & Aol  E-mail address: (to be used for future annual report notification)	ייכי
For further information of	concerning this matter, please call:	
70515	S Poquelles at (94) 6509080  Contact Person Area Code & Daytime Telephone Number	
Enclosed is a check for th	he following amount made payable to the Florida Department of State:	
□ \$35 Filing Fee	Certificate of Status  Certificate Opy  (Additional Copy  is enclosed)	
Amend Divisio P.O. Bo	Amendment Section On of Corporations Ox 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

#### Articles of Amendment

to

## Articles of Incorporation

of

LATIN Quarter	s Restaurant Inc
(Name of Corporation as currently	filed with the Florida Dept. of State)
8.19000	021332
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
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 "P.	" "company," or "incorporated" or the abbreviation  O". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	Iris Arquelles
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Iris Arquelles 935 N Beneva RDS
	SArasota F1 34232
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	30 10 10 10 10 10 10 10 10 10 10 10 10 10
	2: (0
D. Haman Handhald and A.	177
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
	Arguelles Beneva Rd Svite 601
935 ~	Beneva Rd Svite 601
(Florida street	address)
New Registered Office Address:	Sacasota, Florida 34232
ĮC.	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.
Signature of New Regi	Irquelles
Signature of New Regi	istered 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.

Example: X Change	PT	John Do	<u>ç</u>				
X Remove	<u>V</u>	Mike Jor	nes				
_X Add	<u>sv</u>	Sally Sm	<u>ith</u>				
Type of Action (Check One)	Title		Name .			<u>Addres</u> s	
1) Change	8	_		I	Arguella	JR 5914 618+8	
Add						Brane-122 F1 3420	ÿ
Emove							
2) Change	VP	<b>&gt;</b>	Ge	fael	Arzvelles.	JA 5714 6151E	
Add						Brade. 1. 0 61 3420	
× Remove			<u>~</u>	<u>r</u>		19 J	
3) Change	Sec	<u>-</u> -	Do	(pe /	Arguella	5714 613+ E T	
Add						Brade Jan 67 3420	ĩ
Remove							
4) Change	<u> </u>		Bal	Fpe \	Arguelle,	5417 615 22	
Add					•	Braderian F1 34207	
Kemove							
5) Change	E E	<b>.</b> 0	Ro(	- امد ا	Arguelly	5714 615 8 Bradeston 81 31203	
Add						Din Jest, 1 3/203	
X Remove							
S) Change	+	_	Go.	fael	Argue Mr,	5717 61 53 8	
Add						Brade 11 34003	
						_	

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(Attach additional sheets, if necessary)

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Example: X Change	PT John I	<u>Doc</u>		
X Remove	V Mike.	Mike Jones		
X Add	SV Sally S	Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	6	Iris Arguelles	5414 6151 8	
$\succeq_{Add}$		3	Brade-low 61	
Remove			34203	
2) Change	VP	IRIS Arquelles	57 14 61 51 E	
X Add		<u> </u>	Brade ton 1	
Remove			37203	
3) Change	<u>Sec</u>	Fins Argaelles	5414 612 8	
_ <del>×</del> Add		J	Bradonton &1	
Remove			3720万元 6 元 6 m	
4) Change	<u> </u>	Ins Arguelles	5717 (1巻8)	
X Add			\$ co den - on A 12 7	
Remove			372035 = 3	
5)	EE0	Iris Arquelles	5414 615 E	
× Add		J	Bradenton fl	
Remove			34203	
6) Change	+	Ins Arguelles	5414 615 5	
Add			Bradenton Fl	
Remove			34207	

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
		<u>,-</u>
	<del> </del>	
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		_ <del></del>
		77
		<u> </u>
		NA STATE
		22 S
an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,	•••
(if not applicable, indicate N/A)	dment if not contained in the amendment itself:	
(y not approache, materia (mi)		
		Oleso Presidente Section
-		<del></del>
		_ <del></del> _
		<u> </u>
_		<u> </u>

The date of each amendment(s) adoptio	n:	, if other than the
date this document was signed.		
Effective date if applicable:	7-24-19	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Department	ocs not meet the applicable statutory filing requirements, this date ent of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted b by the shareholders was/were sufficien	y the shareholders. The number of votes cast for the amendment(s) t for approval.	
The amendment(s) was/were approved must be separately provided for each was	by the shareholders through voting groups. The following statemen voting group entitled to vote separately on the amendment(s):	rt
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by Rofoel	(voting group)	
☐ The amendment(s) was/were adopted b action was not required.	y the board of directors without shareholder action and shareholder	C
☐ The amendment(s) was/were adopted b action was not required.	y the incorporators without shareholder action and shareholder	FILED JUL 26 PH II
Dated	-27-19	E E
Signature	lris arguelles	· 23
selected, by a	president or other officer – if directors or officers have not been in incorporator – if in the hands of a receiver, trustee, or other court inciary by that fiduciary)	
	Tois Arquelles (Typed or printed name of person signing)	
	President	
	(Title of person signing)	