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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: El azucarero restau	rant Inc		
DOCUMENT NUMBE				
The enclosed Articles of	f Amendment and fee are su	bmitted for fili	ng.	
Please return all corresp	ondence concerning this ma	tter to the follo	wing:	
N	ATASHA CARABALLO			
_		Name of Co	ontact Persor)
E	L AZUCARERO RESTAU	RANT INC		
-		Firm/ (Company	
1	5 S. 10TH ST	1 11115	Sompany	
_		Ad	dress	
I	AINES CITY FL 33844			
-		City/ State	and Zip Code	:
NATA'	WALLY@GMAIL.COM			
	E-mail address: (to be us	sed for future a	nnual report	notification)
	•		r	,
For further information	concerning this matter, pleas	se call:		
NATASHA CARABAI	LO		321	443-6392
NATASHA CARABALLO Name of Contact Person		at (de & Daytime Telephone Number
Name of	Contact reison		Arca Co	de & Daytinie Telephone Number
Enclosed is a check for	the following amount made	payable to the	Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Fit Certified ((Additional enclosed)	Copy I copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building		
Tallah		2661 E	xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

EL AZUCARERO RESTAURANT INC

	on as currently fi	led with the Florida	Dept. of State)		
219000045006					
(Docur	nent Number of Co	orporation (if known)			
tursuant to the provisions of section 607.1006, Floridas Articles of Incorporation:	a Statutes, this Fla	rida Profu Corporatio	on adopts the follo	owing ame	ndment(s
A. If amending name, enter the new name of the co	orporation:				
					new
name must be distinguishable and contain the wor "Corp" "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	," "Inc," or "Co	". A professional cor			
3. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADD</u>					
. Enter new mailing address, if applicable:			•	610	
(Mailing address MAY BE A POST OFFICE BO	OX)			ئے) ئے	
				22	·····
				- <u>F</u>	, ,
				<u>तं</u>	
 If amending the registered agent and/or registered new registered agent and/or the new registered 		in Florida, enter the	name of the		
new registered agent and/or the new registered	unice address:				
Name of New Registered Agent	···				
	(Florida street	address)			
New Registered Office Address:			, Florida		
	(Ci	y)		(Zip Code)	
ew Registered Agent's Signature, if changing Reg					
hereby accept the appointment as registered agent.	I am familiar with	and accept the obliga	itions of the positi	ion.	
Sign	caure of New Real	stered Agent if chang.	ina		

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 = Chie, 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	<u>PT</u>	John Doe	
X Remove	Y	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) Change	VP	WALBERTO CINTRON RODRIGUEZ	315 JYOTI DR
Add X Remove			DAVENPORT FL 33837
2) Change			
Add		v	
Remove		·	
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			
6) Change			101-1-7-70
Add			
Remove			

	onal sheets, if necessi	ary). (Be specific)			
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. an amandi	for implementing the applicable, indicate N	e amendment if not	contained in the a		<u></u>
provisions f					
provisions f				<u>.</u>	
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	, if other than the
date this document was signed.	
Effective date <u>if applicable:</u> (no more than 90 days after amendmen	
(no more than 90 days after amendme	nt file date)
Note: If the date inserted in this block does not meet the applicable statutory filing redocument's effective date on the Department of State's records.	equirements, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast by the shareholders was/were sufficient for approval.	for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the	
"The number of votes cast for the amendment(s) was/were sufficient for approv	al
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder a action was not required.	ction and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action action was not required.	and shareholder
07/19/2019	
Dated	
Signature	
(By a director, president or other officer – if directors or off	icers have not been
selected, by an incorporator – if in the hands of a receiver, t	rustee, or other court
appointed fiduciary by that fiduciary)	
Natasha Caraballo	
(Typed or printed name of person signing	g)
President_	
(Title of person signing)	