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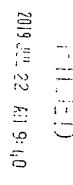
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR		AURANT & LOUNG	iE, INC.	
DOCUMENT NUMI	P19000047281			
The enclosed Articles	of Amendment and fee are st	ibmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	ALTAGRACIA IRMA LARA			
	LA BASE RESTAURANT	Name of Contact & LOUNGE, INC.	Person	
	TOTE7 NW 27TH AVENUE	Firm Compa	mỳ	
	MIAMI, FLORIDA 33147	Address		
		City' State and Zi	ip Code	
ADF	RIA55555@ AOL.COM			
	E-mail address; (to be u	sed for future annual	report n	otification)
For further information	n concerning this matter, plea-	se call;		
ADRIA M RODRIG	UEZ	786		319-3(0)0
Name (of Contact Person	au At	rea Code) & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida	a Depart	ment of State:
■ \$35 Filing Fee	☐843.75 Fifing Fee & Certificate of Status	□\$43.75 Filing For Certified Copy (Additional copy enclosed)		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	; 	Division Clifton B	ient Section of Corporations
		Tallahassee, FL 32301		

Articles of Amendment to Articles of Incorporation of

LA BASE RESTAURANT & LOUNGE INC.

P19000047281	ntly filed with the Florida Dept. of State)
(Document Number	of Corporation (il'known)
Pursuant to the provisions of section 607,1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation: N/A	77
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," Inc," or word "chartered." "professional association," or the abbreviation	"Co". A professional corporation name must contain the
De Park and the second of	N/A
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	2.0
	——————————————————————————————————————
C. Enter new mailing address, if applicable:	N/A S
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	- m
	ڣ
	0
D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address.	dress in Florida, enter the name of the ss:
Name of New Registered Agent	
N/A	
Illevida.	steet address)
11 197414 3	icce with the second se
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	
Thereby accept the appointment as registered agent. I am familiar	<u>ic.</u> r with and accept the obligations of the position.
	•
Signature of New	Registered 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: \underline{X} Change	<u>PT</u>	John Do	<u>c</u>			
X Remove	\underline{V}	Mike Jo	Mike Jones			
X Add	<u>8V</u>	Sally Sn	Sally_Smith			
Type of Action (Check One)	Litte		Name	<u>Address</u>		
1) Change	V		MAYKERYNE SARRIA	15341 NW 271'H PL		
Add X Remove				OPALOCKA, FL 33054		
2) Change	<u>-</u>	_				
Add						
Remove						
3.) Change						
Add						
Remove						
4) Change		_		#31-0		
Add						
Remove						
5) Change		_				
Add						
Remove						
6)Change						
Add						
Remove						

E. If amending or adding additional Arti (Attach additional sheets, if necessary). N/A	(Be specific)
	
F. If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A) N/A	range, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
A A A A A A A A A A A A A A A A A A A	
· · · · · · · · · · · · · · · · · · ·	

1	
D7:	(16/2019)
The date of each amendment(s) adoption:date this document was signed07/22/2019	. (Cother than the
Effective date <u>if applicable</u> :	tno more than 90 days after amendment file date)
	tuo more man 90 days aper amenament pie aate)
Note: If the date inserted in this block does no document's effective date on the Department of S	t meet the applicable statutory filing requirements, this date will not be listed as the state's records.
Adoption of Amendment(s) (CHI)	(CK ONE)
☐ The amendment(s) was/were adopted by the s by the shareholders was/were sufficient for ap	hareholders. The number of votes east for the amendment(s) oproval.
	shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes east for the amend	lment(s) was/were sufficient for approval
by	
tvoti	ng group)

07/16/2019

Dated_

action was not required.

Signature

(By a director, esident 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)

ALTAGRACIA IRMA LARA

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder

(Typed or printed name of person signing)

PRES.

(Title of person signing)