

P19000 047 281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

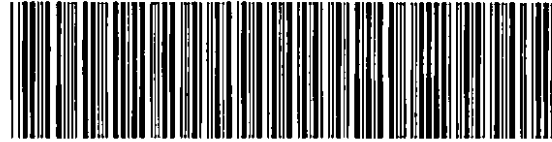
(Business Entity Name)

(Document Number)

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07/22/19--01026--008 \*\*35.00

2019 JUL 22 AM 9:40

FILED

*Amend*

JUL 27 2019  
I ALBRITTON

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

LA BASE RESTAURANT & LOUNGE, INC.  
**NAME OF CORPORATION:** \_\_\_\_\_  
FF9000047281  
**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALTAGRACIA IRMA LARA

\_\_\_\_\_  
Name of Contact Person

LA BASE RESTAURANT & LOUNGE, INC.

\_\_\_\_\_  
Firm / Company

10117 NW 27TH AVENUE

\_\_\_\_\_  
Address

MIAMI, FLORIDA 33147

\_\_\_\_\_  
City / State and Zip Code

ADRIA5555@aol.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADRIA M RODRIGUEZ

786

319-3090

\_\_\_\_\_  
at (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_

Name 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 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 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

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## LA BASE RESTAURANT &amp; LOUNGE INC.

PI9000047281

N/A

NA

**(Principal office address MUST BE A STREET ADDRESS)**

N/A

(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent

N/A

Florida street address

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

Page 1 of 4

Page 2 of 4

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

N/A

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

N/A

07/16/2019

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed. (07/22/2019)

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 \_\_\_\_\_"  
(voting group)

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

07/16/2019

Dated \_\_\_\_\_

Signature \_\_\_\_\_

(By 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)

ALTAGRACIA IRMA LARA

\_\_\_\_\_  
(Typed or printed name of person signing)

PRES.

\_\_\_\_\_  
(Title of person signing)