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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CRAZY B	URRITO AUTHENTIC ME	XICAN GRILL III INC
DOCUMENT NUMBER: P19000049638		
The enclosed Articles of Amendment and te	ee are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
JULISSA ROSADO		
	Name of Contact	Person
DCM SERVICES CE	ENTER INC	
	Firm/ Compa	ny
2529 W BUSCH BLA	VD SUTTE 1000	
	Address	
TAMPA, FLORIDA	33618	
	City/ State and Zip	o Code
DCMSERVICESCENTER/	@GMAIL.COM	
E-mail address: ((to be used for future annual)	eport notification)
For further information concerning this matte	er, please call:	
JULISSA ROSADO	813	ea Code & Daytime Telephone Number
Name of Contact Person	Ar	ea Code & Daytime Telephone Number
Enclosed is a check for the following amount	t made payable to the Florida	Department of State:
■ \$35 Filing Fee □\$43.75 Filing F Certificate of S	Fee & Status Certified Copy (Additional copy enclosed)	Certificate of Status
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ā D C	treet Address mendment Section livision of Corporations lititon Building 661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



CRAZY BURRITO AUTHENTIC MEXICAN GRILL HEINC

2019 AUG -7 PH 3: 59

(Name of Corporation as currently	filed with the Florida Dept. of State)
P19000049638	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
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 "I	o". A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BON</u>)	
D. If amending the registered agent and/or registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	et address)
New Registered Office Address:	. Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position.
Signature of New Re	gistered 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	<u> PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
T) Change	S	MARIA DEL PILAR REYES	2703 W MOHAWK AVE
X Add			TAMPA, Ft. 33614
Remove			
2) Change	Т	ABEL VACA	2703 W MOHAWK AVE
X Add			TAMPA, FL 33614
Remove			
3.) Change		·-	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
EFFECTIVE THIS CHANGE 50 PERCENT OF SHARES OF THE CORPORATION WILL BE TRANSFERED AS
FOLLOWS: 25% OF SHARES WILL BE TRANSFERED TO ABEL VACA AND 25% OF SHARES WILL BE TRANS
FFERED TO MARIA DEL PILAR REYES CASTILLO

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)
ty mary much is to

	7-1-2019	
The date of each amendment(s date this document was signed.) adoption:	, if other than th
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this dat Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s' sufficient for approval.	ı
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s):	n e
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
07/08/20 Dated	019	
77med		
Signature —		
sele	edirector, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court of inted fiduciary by that fiduciary)	
	LILIA A LEBRON	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	