P190000 53107

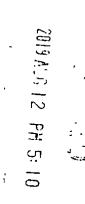
(Req	uestor's Name)	
(Add	ress)	
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(City,	/State/Zip/Phone	e #)
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R. WHITE AUG 1 4 2019

COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corpe	nations		
NAME OF CORPOR	RATION: SABOR LLANER	O INC	
DOCUMENT NUME			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	KEYLA C RICO		
		Name of Contact Person	n
	SABOR LLANERO INC		
		Firm/ Company	
	4700 DYKES RD		
		Address	
	SOUTHWEST RANCHES,	FL 33331	
•		City/ State and Zip Cod	c
saborl	lanero19@gmail.com		
		sed for future annual report	notification) t
	(10 t.0 d.	ou ioi idia amaa, opoii	nonnounou,
For further information	concerning this matter, please	se call:	
KEYLA C RICO		at (225-9405
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)
Ame Divis P.O.	ling Address Indment Section Ission of Corporations Box 6327 Islandsce, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle

Articles of Amendment

Articles of Incorporation of

SABOR LLANERO INC		2019 #12 PH 5: 10		
(Name of Corporation as cu	rrently filed with the Florid	Dept. of State	<u>;</u>)	
P19000053107			<i>i</i> :	
(Document Num	nber of Corporation (if known		· · · · · · · · · · · · · · · · · · ·	
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this <i>Florida Profit Corpora</i>	tion adopts the	following amendment	
A. If amending name, enter the new name of the corporation	on:			
			The new	
name must be distinguishable and contain the word "corpo "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbrevia	or "Co". A professional c			
B. Enter new principal office address, if applicable:	11362 SW 238th ST	REET		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	HOMESTEAD, FL.	HOMESTEAD, FL. 33032		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		ne <u>na</u> me of the		
Name of New Registered Agent				
(Flor	ida street address)			
New Registered Office Address:		, Florida_		
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent. I am fam	Agent: iliar with and accept the oblig	gations of the po	osition.	
Signature of	New Registered Agent if cham	aina		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a 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 = Ch. Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each off 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 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 Chant 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 Onc)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	·		
Add			
Remove			

16 a = a a = = t. ·	ng or adding additional Arditional Sheets, if necessary).				
.nange only	principal Address				
					
			<u>.</u>	 	
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<u> </u>					
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If an amer	ndment provides for an exc as for implementing the am	hange, reclassifica	tion, or cancellatio	n of issued shares,	
(if no	ot applicable, indicate N/A)	enament ii not con	tamed in the amen	dinent itsen:	
_					
					
				<u>.</u>	
				-	

	08/03/2019	
The date of each amendment(s) a	doption:	, if other than
date this document was signed.		
08/9 Effective date <u>if applicable:</u>	05/2019	
Enective date <u>it applicable</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach 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)	
	(voting group)	
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
08/03/20 Dated	19	
Signature	Shufuf	
selecte	director, prosident or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court steed fiduciary by that fiduciary)	
	KEYLA C RICO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

•