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TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: CHILANGO'S DI	STRIBUTOR	CORP	
DOCUMENT NUM	BER: P19000071427			
The enclosed Articles	s of Amendment and fee are su	abmitted for fili	ng.	
Please return all corre	espondence concerning this ma	tter to the follo	wing:	
	ALDO SANCHEZ			
		Name of Co	ontact Persor	1
	CHILANGO'S DISTRIBUT	OR CORP		
		Firm/ (Company	
	6135 POWERS AVE			
		Ad	dress	
	JACKSONVILLE FL 32217			
		City/ State	and Zip Code	2
aldo	sasa@hotmail.com			
	E-mail address: (to be us	sed for future a	nnual renort	notification)
For further information	on concerning this matter, pleas		904	. 609-5809
Name	at (Area Co)de & Daytime Telephone Number	
	of Contact Person or the following amount made	payable to the		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Fil 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 Tallahassee, Fl. 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



CHILANGO'S DISTRIBUTOR CORP

(Name of Corporation as curren	ntly filed with the Florida Dept. of State)			
P19000071427	بہ*			
(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s)			
A. If amending name, enter the new name of the corporation:				
	The new			
name must be distinguishable and contain the word "corporat "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			
B. Enter new principal office address, if applicable:	6135 POWERS AVE			
(Principal office address MUST BE A STREET ADDRESS)	JACKSONVILLE FL 32217			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6135 POWERS AVE			
	JACKSONVILLE FL 32217			
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre				
Name of New Registered Agent				
(Florida :	street address)			
New Registered Office Address:	. Florida			
New Registered Office Address.	(City) (Zip Code)			
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familia	nt: 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, an 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 offic 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		
1) Change	VP	JOSE ORLANDO RODRIGUEZ	6548 ARANCIO DRIVE W		
X Add			JACKSONVILLE FL 32244		
Remove					
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					
4) Change		····			
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

		(Be specific)			
					
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		_ 			
					
f an amendment	provides for an exchar	ge, reclassification	. or cancellation o	f issued shares.	
provisions for in	plementing the amend	ment if not contain	red in the amendm	ent itself:	
(if not applic	able, indicate N/A)				
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	T				· · · · · · · · · · · · · · · · · · ·
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The date of each amendment(s)	adoption:	, if other than tl
date this document was signed.	V/12/7020	
Effective date <u>if applicable</u> :	/13/2020	
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this da Department of State's records.	te will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s sufficient for approval.	;)
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholde	ः
■ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
10/13/20 Dated	20	
	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other cour	1
	inted fiduciary by that fiduciary)	
	JOSE ORLANDO DIAZ	
	(Typed or printed name of person signing)	
	VICE-PRESIDENT	
	(Title of person signing)	