P190000 78271

| (R | equestor's Name) | |
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| (C | ity/State/Zip/Phone | ⇒ #) |
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| PICK-UP | MAIT WAIT | MAIL |
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| (B | usiness Entity Nan | ne) |
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| Certified Copies | Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORA | TION: DOMINGOS BOI | DEGA FOOD & DELI INC | | | |
|--|---|--|--|--|--|
| DOCUMENT NUMBE | P19000078271 | | | | |
| The enclosed Articles of | Amendment and fee are su | abmitted for filing. | | | |
| Please return all correspo | ondence concerning this ma | itter to the following: | | | |
| D | OMINGO A ESPINAL AL | MONTE | | | |
| _ | Name of Contact Person | | | | |
| _ | | Firm/ Company | | | |
| 16 | 16125 SW 65TH LN | | | | |
| Address | | | | | |
| M | IAMI, FL 33193 | | | | |
| _ | | City/ State and Zip Cod | c | | |
| DOMIN | GOESPINALI@GMAIL. | СОМ | | | |
| | E-mail address: (to be us | sed for future annual report | notification) | | |
| For further information of | oncerning this matter, pleas | se call: | | | |
| DOMINGO A ESPINAL ALMONTE at (717) 344-3150 | | 344-3150 | | | |
| Name of | Contact Person | at (717) 344-3150 Area Code & Daytime Telephone Number | | | |
| Enclosed is a check for t | he following amount made | payable to the Florida Depa | artment of State: | | |
| S35 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) | | |
| Ameno Divisio P.O. B | Ig Address Iment Section on of Corporations ox 6327 assec. FL 32314 | Amend Divisio Clifton | Address Iment Section on of Corporations Building Executive Center Circle | | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| DO: | MINGOS | BODEGA FOOD | & DELLING |
|-----|--------|-------------|-----------|
| | | | |

| (<u>N</u> ame e | of Corporation as current | ly filed with the Florida Dept. o | f State) | | |
|--|---|---|------------------------------------|-----------------------|--------------------------|
| P19000078271 | | | | | |
| | (Document Number of | f Corporation (if known) | <u></u> | | - |
| Pursuant to the provisions of section 607, its Articles of Incorporation: | 1006. Florida Statutes, this | Florida Profit Corporation adop | ots the following | amendm | nent(s) to |
| A. If amending name, enter the new na | ame of the corporation: | | | | |
| | | | 7 | The ne | 11' |
| name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa | uation "Corp," "Inc," or | "Co". A professional corporation | ted" or the abb on name must co | reviatio intain th | on ne |
| B. Enter new principal office address, | | | | | |
| (Principal office address <u>MUST BE A S</u> | IREET ADDRESS) | | | | |
| | | | | | |
| 6 P | | | 4 | | |
| C. Enter new mailing address, if appl (Mailing address MAY BE A POST | | 16125 SW 65TH LN | | | |
| | | MIAMI, FL 33193 | | | |
| | | | | s 1/2 | - . |
| | | | | 3 | <u> </u> |
| D. If amending the registered agent ar new registered agent and/or the ne | | | of the | ~· ~· | |
| Name of New Registered Agent | DOMINGO A ESPINAL | | | بر جرد | |
| time ty the magnitude to | 16125 SW 65TH LN | | | :2 17:1 | 당기 |
| | (Florida st | reet address) | | | |
| New Registered Office Address: | MIAMI | , F | Torida | | 7.7 7.7 7.7 7.7 |
| | - | (City) | (Zip Co | rde) | |
| | | | | | |
| New Registered Agent's Signature, if c I hereby accept the appointment as regis | hanging Registered Agen tered agent. I am familiar | t: with and accept the obligations o | of the position. | | |
| × (| July Hilaro |) | | | |
| | 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.

| 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 | COO | BELKIS LUNA | 6007 N COOLIDGE AVE |
| Add | | | TAMPA, FL 33614 |
| X Remove | | | |
| 2) Change | CFO | CLAUDIA AGUILAR SEIJO | 3415 W HILLSBOROUGH AVE |
| , Add | | | APT 721 |
| X Remove | | | TAMPA, FL 33614 |
| 3) Change | VP | MIRIAM Y GABRIEL | 16125 SW 65TH LN |
| X Add | - | | MIAMI, FL 33193 |
| Remove | | | |
| 4) Change | D | DOMINGO A ESPINAL PUJOLS | 16125 SW 65TH LN |
| X Add | | | MIAMI, FL 33193 |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| E. If amending or adding additional Articles, enter (Attach additional sheets, if necessary). (Be specified) ARTICLE VII | |
|--|--|
| The initial Officer(s) and/or director(s) of the corporati | on shall read as follows: |
| PRESIDENT: DOMINGO A ESPINAL ALMONTE | 16125 SW 65TH LN |
| | MIAMI, FL 33193 |
| VICE PRESIDENT: MIRIAM Y GABRIEL | 16125 SW 65TH LN |
| | MIAMI, FL 33193 |
| DIRECTOR: DOMINGO A ESPINAL PUJOLS | 16125 SW 65TH LN |
| | MIAMI, FL 33193 |
| | |
| | |
| | <u> </u> |
| | |
| | |
| F. If an amendment provides for an exchange, reclaprovisions for implementing the amendment if a (if not applicable, indicate N/A) | assification, or cancellation of issued shares, not contained in the amendment itself: |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | NOVEMBER 11,2019 | |
|---|--|-------------------------|
| | doption: | , if other than the |
| date this document was signed. | 177 (D. 77) | |
| NO Effective date <u>if applicable</u> : | VEMBER 11,2019 | |
| <u> </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 wi epartment of State's records. | Il not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ■ 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. | |
| ☐ The amendment(s) was/were ap must be separately provided fo | 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 cas | for the amendment(s) was/were sufficient for approval | |
| by | ··· | |
| | (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 | |
| DatedSignature | Juliunane | |
| select | director president 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 ited fiduciary by that fiduciary) | |
| | DOMINGO A ESPINAL ALMONTE | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| | (Title of person signing) | _ |