P19000079380

(Re	equestor's Name)	
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(Cil	ty/State/Zip/Phone	9 #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: LAS TRES HUAS	TECAS RESTAURANT I	NC
	BER: P19000079380		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	ALMA FLORES		
		Name of Contact Perso	n
	LAS TRES HUASTECAS R	ESTAURANT INC	
		Firm/ Company	·
	312 NW 8TH ST		
		Address	
	HOMESTEAD, FL 33030		
		City/ State and Zip Cod	e
	floresalma@aol.com		
		sed for future annual report	notification)
For further informatic	on concerning this matter, pleas	se call: at (609-8067
Name	of Contact Person	at (Area Co) de & Daytime Telephone Number
	or the following amount made		·
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)
Am Div P.O	iling Address endment Section ision of Corporations Box 6327 lahassee, FL 32314	Ameno Divisio The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

LAS TRES HUASTEACAS RESTAURANT INC

(Name of Corporation as currently) P19000079380	filed with the Florida Dept. of State)	
(Document Number of C	Supposition (if Image)	
(150cument Number of C	corporation (triknown)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>FI</i> its Articles of Incorporation:	orida Profit Corporation adopts the following	amendment(s) t
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or "Co.," or the designation "Corp," "Inc," or "Co". A p "chartered," "professional association," or the abbreviation "P.A,"		
B. Enter new principal office address, if applicable:		,
(Principal office address MUST BE A STREET ADDRESS)		<u>. </u>
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		,
		- :
		
If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	-
Name of New Registered Agent		
. maje 14 We We gain the Agent		
(Florida stree		
triorua sirce	(adaress)	
New Registered Office Address:	, Florida	
$\epsilon \epsilon$	ity) (Zip Ce	ode)
New Registered Agent's Signature, if changing Registered Agent; Thereby accept the appointment as registered agent. I am familiar wit		230 DEC - 7 EL
Signature of New Reg	istered Agent, if changing	
	45	

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 now 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> <u>Joh</u>	nn Doe		
X Remove	<u>V</u> <u>Mi</u>	ke Jones		
X Add	<u>SV</u> <u>Sal</u>	ly Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change	V P	ALMA FLORES VP	312 NW 8TH ST	
X Add			HOMESTEAD, FL 33030	
Remove				
2) Change				
Add				
Remove 3) Change				
Add		• 1.		
Remove				
4) Change				
Add				
Remove				
57 Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach ade	litional sheets	additional Art i, if necessary).	(Be specific)				
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<u>1 an amer</u> provision	idment provi s for implem	des for an excl	<u>lange, reclassi</u> endment if not	lication, or cand	cellation of issue e amendment it:	ed shares,	
(if no	t applicable, i	indicate N/A)	HOUNCER IT HOL	contained in th	e amenament te	<u>sen.</u>	
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•	11/19/2020	
	t(s) adoption:, i	f other than th
date this document was signed	i. - 11/19/2020	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date will not the Department of State's records.	be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
 The amendment(s) was/we action was not required. 	re adopted by the incorporators, or board of directors without shareholder action and shar	reholder
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
bv	."	
	(voting group)	
11/19	/2020	
Dated	7_1/	
Signature _		
(F	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	
	MARTIN CHAVEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	