P20000004559

(Requestor's Name)			
(Ac	idress)		
(Ac	ddress)		
(Ci	ty/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Nam	e)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			
<u> </u>			

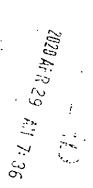
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RECEIVED
120 APR 23 PH 1:37



O SIMMONS APR 3 0 2020



April 24, 2020

CAPITAL CONNECTION INC

SUBJECT: RIVIERA LATIN CAFETERIA, CORP

Ref. Number: P2000004559

We have received your document for RIVIERA LATIN CAFETERIA, CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or jour filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 620A00008546

RECEIVED
RAPR 29 PH 1:36

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

			-
RIVIERA LATIN CA	AFETERIA CO	ORP	
	<u></u>		1
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
Signature			Vehicle Search
			Driving Record
Requested by: SETH	04/20/20		UCC 1 or 3 File
	$\frac{04/29/20}{9}$	Time	UCC 11 Search
Name	Date	Time	UCC 11 Retrieval
Walk-In	-		Courier
174 Fonder's Printing - Thom leville GA 8/0	c		1

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: RIVIERA LATIN	CAFETERIA, CORP		
DOCUMENT NUMI	BER: P20000004559			
	of Amendment and fee are sul	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	SERGIO LINARTE			
		Name of Contact Persor	1	
	COASTAL UNIQUE LLC			
	Firm/ Company			
	11350 SW 51 ST			
		Address		
	MIAMI FL 33165			
		City/ State and Zip Code	e	
	MYBUSINESSCARLI@GM	IAIL.COM		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
SERGIO LINARTE		at (305		
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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

	Articles of Amendme	ent	
	to Articles of Incorporat	tion	
	of	Ĉn-	• • .
RIVIERA LATIN CAFETERIA, CORP		2020 APP.	20
(Name o	Corporation as currently filed v	with the Florida Dept. of State)	7: 36
P20000004559			
	(Document Number of Corpor	ration (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	006, Florida Statutes, this Florida	Profit Corporation adopts the follo	owing amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	orp," "Inc," or "Co". A profes	ssional corporation name must co	ntain the word
B. Enter new principal office address, (Principal office address MUST BE A S	f applicable: TREET ADDRESS)		
			
G. B. W. Walder Manual Complete	ble		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)			_
D. If amending the registered agent an	d/or registered office address in l	Florida, enter the name of the	
new registered agent and/or the new	registered office address:	1	
Name of New Registered Agent	SERGIO LINARTE		
Name of New Registered Agem	11350 SW 51 ST		
	(Florida street addr		
	MIAMI	331	65
New Registered Office Address:	(City)	, Florida	(Zip Code)
	,		
New Registered Agent's Signature, if c	hanging Registered Agent:		
I hereby accept the appointment as regist	ered agent. I am familiar with and	d accept the obligations of the positi	ion.
	_ & -	_/>	
	Thor -	-/	
	Signature of New Registers	ed Agent, if changing	
	1.6.1		
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 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 fighting or Clerk; CEO = Chief
P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chief 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 35 There is
Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the If 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 Reme Example:	ove, and Sa	lly Smith, SV as an Add.	1.47
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>	Name	Address
1) Change	<u>P</u>	YOEL, BOSBENIER	1710 NW 17 AVE MIAMI, FL 33
Add			
X Remove	P	MANUEL, POTRILLE	1710 NW 17 AVE MIAMI, FL 33
2) Change X		<u></u>	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			_
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Articles ttach additional sheets, if necessary). (E	Be specific)		
		2020 APD ~	7: 36
			3 AH 7. 35
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<u> </u>		-	<u> </u>
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	<u> </u>	<u></u>	
	<u> </u>		<u>-</u>
			1-
	<u> </u>		
If an amendment provides for an exchan	ge, reclassification, or cancellatio	n of issued shares,	
provisions for implementing the amend (if not applicable, indicate N/A)	ment it not contained in the amen	ument usen.	
W - STF			
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The date of each amendment(s) a	doption:	, if other than the
date this document was signed.	•	• • •
Effective date if applicable:		
	(no more than 90 days after am	endimentifile dage) Ali 7: 36
Note: If the date inserted in this bedocument's effective date on the De		filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adaction was not required.	opted by the incorporators, or board of directo	ors without shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of vot afficient for approval.	tes cast for the amendment(s)
	proved by the shareholders through voting grove each voting group entitled to vote separately	
"The number of votes cast	for the amendment(s) was/were sufficient for	r approval
by		"
	(voting group)	
selecte	lirector, president or other officer – if director d, by an incorporator – if in the hands of a rected fiduciary by that fiduciary) YOEL BOSBENIER	
	(Typed or printed name of person	signing)
	PRESIDENT	
	(Title of person signing)	