Division of Corporations

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To:

Division of Corporations

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From:

Account Name : GARCIA GARCIA ASSOCIATES INC

Account Number : 120110000059

: (305)823-9292 : (305)824-0703

Fax Number

Enter the email address for this business entity to be used for futu annual report mailings. Enter only one email address please.

COR AMND/RESTATE/CORRECT OR O/D RESIGN PARRAO PROFESSIONAL KITCHENS CORP

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$35.00 |

Articles of Amendment to Articles of Incorporation of RAO PROFESSIONAL KITCHENS CORP

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| | Name of Corporation a | s currently filed with | the Florida Dept, of St | <u>ate</u>) | |
| | - | P20000030645 | | | |
| | (Document | Number of Corporation | n (if known) | | |
| Pursuant to the provisions of sect | ion 607 1006. Florida St | atutes, this <i>Florida Pro</i> i | fit Corporation adopts ਖ | ne following am | endment(s) t |
| its Articles of Incorporation: | 1011 007.1000, x 107.144.07 | | | | |
| | • | | | | • |
| A. If amending name, enter th | e new name of the corp | oration: | | | |
| | | | | The | e new |
| name must be dissinguishable and | I contain the word "corp | oration;" "company," o | or "incorporated" or the | abbreviation "(| Corp.," |
| "Inc " or Co " or the design | ation "Corp," "Inc," o | r "Co"A prosession | ial corporation name n | tust contain the | e word |
| "chartered," "professional asso | ciation," or the abbrevia | tion "P.A." | | | |
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| B. Enter new principal office : (Principal office address MUST | ggress, it appreciate: | ESS) | | , | |
| (Principal office dadress moon | DD 17 DAA | | | | |
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| C. Enter new mailing address | if annlicable: | eger dreivische ein | | Ξ_{co} | 2: |
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| D. If amending the registered | agent and/or registered | l office address in Flor | ida, enter the name of | | 登 に |
| new registered agent and/o | Con other documents of the con- | giggers (the pripardiction | पुरस्तामानमान्यम् वर्षे ५०० | | |
| Name of New Registere | d Agent | <u> </u> | A A GARAGE AND A STATE OF THE S | | <u>د</u> ي |
| - | | San Lei ere! | | | ∞ |
| The state of the s | a oraș se <u>sosal (Errent</u> | (Florida street address) | | | |
| , . | | • | | | • |
| New Registered Office | Address | (City) | , Flor | ida (Zip Code | <u> </u> |
| | al a de la competition della c | | | (Zip Couc | , |
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| | eddom, fraudskidd | | | | |
| New Registered Agent's Signa | ture, if changing Regist | tered Agent: | ant the obligations of th | he notition | |
| I hereby accept the appointment | as registered agent. To | am jamuuar wun ana ac | cept the outgotions of th | με μοσπιονε | |
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| | <u>्राक्तिक प्रकार करोत्र</u> इ.स.च्या १५८८ Signati | | Followaina | | |
| | d digital tenanda Signati | ire oj New Kegisterea A | gent, ij changing | | |
| Check if applicable | | | | | |
| The amendment(s) is/arc bei | ng filed pursuant to s. 60 | 7.0120 (11) (e), F.S. | | | |
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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. Example: John Doe PΤ X Change X Remove \mathbf{v} Mike Jones Sally Smith SV<u>_X</u> Add <u>Address</u> Name . Title Type of Action (Check One) 9011 SW 57TH TER PEREZ PARRAO, YOSVANY R PRES 1) ____ Change MIAMI, FL 33173 __ Add Remove PEREZ PARRAO, LIOSVANY R PRES L. PEREZ PARRAO, LIOSVANY R Change MIAMI, FL 33173 and the solution of the solution of Add and the grown to regulation to a period of Employees the William State State State State Remove 3) ____ Change A Section of the Contract of t 1 21 pt and the second of the second of the second of the second of Add The Season State of the Control of the Remove 4) ____ Change May bayer __ Add 3.4<u>5.5009</u> Remove 1.00 5) ____ Change __ Add Remove 6) ____ Change CHRIZE GARDETPOSTA 131 % Add Remove

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| The date of each amendment(s) adoption date this document was signed. | a: | |
| Effective date if applicable: | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block document's effective date on the Department | oes not meet the applicable stantory filing requirements ent of State's records. | , this date will not be listed as th |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were adopted b action was not required. | by the incorporators, or board of directors without sharehold | der action and shareholder |
| ☐ The amendment(s) was/were adopted by the shareholders was/were sufficient | by the shareholders. The number of votes cast for the ame at for approval. | ndment(s) |
| ☐ The amendment(s) was/were approved must be separately provided for each v | by the shareholders through voting groups. The following voting group entitled to vote separately on the amendment | ; statement (s): |
| | e amendment(s) was/were sufficient for approval | |
| by <u>स्त्राच्या स्त्राचीत्राच्या स्वास्त्राच</u> सन्दर्भना | (voting group) | |
| Dated | s not refer their 96 days after concludment foliable is | |
| (B) a director selected, by a appointed fid | r, president of other officer – if directors or officers have non incorporator – if in the hands of a receiver, trustee, or of huciary by that fiduciary) | ot been ther court |
| | (Typed or printed name of person signing) | |
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