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Amend

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COVER LETTER

ΓO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: OUR LATIN DEL	IGHTS INC		
DOCUMENT NUM	P20000033228			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	itter to the following:		
	VICTORIA CHANG			
		Name of Contact Persor	1	
	OUR LATIN DELIGHTS INC			
		Firm/ Company		
	7443 WEST 32 LN			
	Address			
	HIALEAH .FL , 33018			
	***************************************	City/ State and Zip Code	:	
	yister2016@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informatic	on concerning this matter, plea.		、978- 4575	
Name of Contact Person		at (Area Co) 978- 4575 de & Daytime Telephone Number	
Enclosed is a check for	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)	
	iling Address	Street Address		
	endment Section ision of Corporations	Amendment Section Division of Corporations		
	. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

OUR LATIN DELIGHTS INC					
	Corporation as curre	ntly filed with the Flor	ida Dept. of State)		
P20000033228					
	(Document Numbe	r of Corporation (if know	wn)		
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, th	nis <i>Florida Profit Corpo</i>	ration adopts the followin	ig amendi	ment(s) to
A. If amending name, enter the new nar	ne of the corporation:				
N/A				The n	.ne
name must be distinguishable and contain t "Inc.," or Co.," or the designation "Co "chartered," "professional association," o	rp," "Inc," or "Co".	A professional corpo. 4."	orated" or the abbreviati ration name must contai	on "Corp	
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)		N/A			_
			<u>:</u> :	2020	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		N/A	• † • ; • .	는 등	- <u> </u>
			· ·	_ 	17.
			•	<u>۔۔</u> <u>ب</u>	
D. If amending the registered agent and new registered agent and/or the new			the name of the	-6	
Name of New Registered Agent	VICTORIA CHANG				
	355 WEST 68th STRE	CET APT#113		_	
-	(Florida	street address)			
New Registered Office Address:	HALEAH		. Florida 33018		
New Registered Office Address:				Coder	_

Signature of New Registered Agent, if changing

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 = 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.

Frample:

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	PDT	JOCELYN RUIZ	7443 WEST 32 LN
Add			HIALEAH,FL,33018
X Remove			
2) Change	PDT	VICTORIA CHANG	3355 WEST 68th STREE,APT#112
X Add			HIALEAH,FL.33018
Remove 3.1 Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<u> </u>	
Add			
Remove			

 If amending or adding additional Art (Attach additional sheets, if necessary). 	(Be specific)
WA	
	111111
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-	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares. endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	chamene if not contained in the afficialment usen.
WA.	

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	N/A	:
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
N Effective date if applicable:	'A	
r.nective date <u>in appricame</u> .	(no more than 90 days after amendment file a	(ate)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirer Department of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without sha	reholder action and shareholder
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the sufficient for approval.	amendment(s)
☐ The amendment(s) was/were a must be separately provided f	pproved by the shareholders through voting groups. The follower cach voting group entitled to vote separately on the amend	owing statement ment(s);
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	<u></u>	
,	(voting group)	
05/04/20	20	
Dated)	
Signature 🔿	Miceel	
selec	director, president or other officer if directors or officers had by an incorporator – if in the hands of a receiver, trustee, inted fiduciary by that fiduciary)	ive not been or other court
	VICTORIA CHANG	
	(Typed or printed name of person signing)	
	PDT	
	(Title of person signing)	