## P20 000039133

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: El Rey de los Paste	elistos Corp				
DOCUMENT NUM	BER: P20000039133					
	of Amendment and fee are su	bmitted for filing.				
Please return all corre	espondence concerning this ma	itter to the following:				
	THOMAS, KONNOLY					
	-	Name of Contact Person	1			
		Firm/ Company				
	3120 W HALLANDALE BEACH BLVD					
	Address					
	HALLANDALE, FL 33009					
		City/ State and Zip Cod	e			
	cc@ramoscabrerainc.com					
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	on concerning this matter, pleas	se call:				
THOMAS, KONNO	LY	at (	7784680			
Name of Contact Person		Area Code & Daytime Telephone Number				
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:			
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## **Articles of Amendment** to Articles of Incorporation

of

El Rey de los Pastelistos Corp		4020 JULI - 8 PH 5: 10
(Name o	f Corporation as curren	tly filed with the Florida Dept. of State)
220000039133		•
	(Document Number	of Corporation (if known)
ursuant to the provisions of section 607, s Articles of Incorporation:	1006. Florida Statutes, this	s Florida Profit Corporation adopts the following amendmen
. If amending name, enter the new na	me of the corporation:	
El Rey de los Pastelillos Corp		The new
ame must be distinguishable and contain Inc.," or Co.," or the designation "C chartered," "professional association,"	orp, " "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word "
	·	None
. <u>Enter new principal office address,</u> Principal office address <u>MUST BE A S</u>		
	<u> </u>	
_		
: Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		None
,	<u>, , , , , , , , , , , , , , , , , , , </u>	
If amonding the registered agent an	dlar registered office ade	lyace in Elavida, autor the name of the
new registered agent and/or the nev		dress in Florida, enter the name of the
	None	
Name of New Registered Agent	N	
	None	
	(Plorida si	reet address)
New Registered Office Address:		, Florida
		(City) (Zip Code)
ew Registered Agent's Signature, if cl	nanging Registered Agen	<b>t</b> -
		with and accept the obligations of the position.
	Signature of New 1	Registered Agent, if changing
heck 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 P 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 Do	<u>oc</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change				 
Add				
Remove				
2) Change				 
Add				
Remove 3 ) Change		_		 
Add				
Remove				
4) Change		_		 
Add				
Remove				
51 Change		_		 
Add				
Remove				
6) Change		_		
Add				
Remove				

ch additional sheets, if necessary).— (Be specific)	
	2020 JUN -8 PN 5: 19
	· .
amendment provides for an exchange, reclassific visions for implementing the amendment if not co (if not applicable, indicate N/A)	eation, or cancellation of issued shares, ontained in the amendment itself:
<u> </u>	
·	<del></del>

•

	06/03/2020	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
00	5/03/2020	
Effective date if applicable:	7020 H22 A Str E	
<del>-</del>	(no more than 90 days after amendment file da	لارل،
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirement. Department of State's records.	ents, 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 share	cholder 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 a sufficient for approval.	mendment(s)
	pproved by the shareholders through voting groups. The follow or each voting group entitled to vote separately on the amendm	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
06/03/20	20	
Dated		
Signature	Suis Quinone	_
(By a selec	director, president or other officer – if directors or officers hav ted, by an incorporator – if in the hands of a receiver, trustee, o inted fiduciary by that fiduciary)	
	Luis Quinones	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	