PZ0000056381

| (Requestor's Name) |
|-----------------------------------------|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
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| Special Instructions to Filing Officer: |
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GET GE 2020 LALBRITTON

COVER LETTER,

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: SANTA FE DELI | VERY INC | | |
|------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--|
| DOCUMENT NUM | BER: P20000056381 | | | |
| | of Amendment and fee are su | bmitted for filing. | | |
| Please return all corre | spondence concerning this ma | itter to the following: | | |
| | MALLELYS SOTELO FON | SECA | | |
| | | Name of Contact Person | 1 | |
| | SANTA FE DELIVERY INC | ; | | |
| | | Firm/ Company | | |
| | 7210 N LOIS AVE | | | |
| | | Address | | |
| | TAMPA, FL 33614 | | | |
| | | City/ State and Zip Cod | 2 | |
| | mayesotero@yahoo.com | | | |
| | | sed for future annual report | notification) | |
| For further informatio | n concerning this matter, plea O FONSECA | | 、863-4529 | |
| Name of Contact Person | | at (Area Co | 863-4529 de & Daytime Telephone Number | |
| Enclosed is a check fo | r the following amount made | | | |
| S35 Filing Fee | ☐\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 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 Articles of Incorporation of

| P20000056381 | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------|--------------------------------------------|-----------|
| | | | | |
| | (Document Number | of Corporation (if known) | | |
| Pursuant to the provisions of section 607.100 its Articles of Incorporation: | 6, Florida Statutes, thi | s Florida Profit Corporation adopts the follow | wing amendme | ent(s) to |
| A. If amending name, enter the new name | of the corporation: | | | |
| name must be distinguishable and contain the "Inc.," or Co.," or the designation "Corp"chartered," "professional association," or | ." "Inc," or "Co". | "company," or "incorporated" or the abbrevi- A professional corporation name must con ." | The new ation "Corp.," tain the word | • |
| B. Enter new principal office address, if a | oplicable: | 7210 N LOIS AVE | | |
| (Principal office address MUST BE A STRI | | TAMPA, FL 33614 | | |
| | | | 7 020 a | |
| C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF) | | | . 3 | |
| | , | 7210 N LOIS AVE | 2 | |
| | | TAMPA, FL 33614 | <u> </u> | \ |
| D. If amending the registered agent and/o new registered agent and/or the new re | | | 8: +6 | |
| | 0 N LOIS AVE | | | |
| | (Florida s | street address) | | |
| New Registered Office Address: | MPA | . Florida 33614 | 1 | |
| | | | (ip Code) | |

☐ 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.

Example:

| X Change | PT | John Doe | |
|----------------------------|--------------|-------------|-----------------|
| X Remove | <u>V</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | - |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address / |
| 1) X Change | P | | 7210 N LOIS AVE |
| Add | | | TAMPA, FL 33614 |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| itach <i>additional sh</i> | neets, if necessary). | (Be specific |) | | | |
|----------------------------------------------|------------------------------------------|----------------|------------------|-------------------------------|---------------|--------------|
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| an amendment party of the provisions for imp | rovides for an exclude dementing the ame | nange, reclass | ification, or ca | incellation of the amendme | ssued shares, | |
| (if not applicah | ole, indicate N/A) | | | | | |
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| | 08/13/2020 | |
|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| The date of each amendment(s) date this document was signed. | adoption: | , if other than the |
| Effective date <u>if applicable:</u> | | |
| | (no more than 90 days o | after amendment file date) |
| Note: If the date inserted in this document's effective date on the I | | atutory filing requirements, 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 o | f directors without shareholder action and shareholder |
| ☐ The amendment(s) was/were a by the shareholders was/were | lopted by the shareholders. The number sufficient for approval. | er of votes cast for the amendment(s) |
| | oproved by the shareholders through voir each voting group entitled to vote se | |
| "The number of votes ca | st for the amendment(s) was/were suffi | cient for approval |
| bv | | |
| | (voting group) | |
| 08/13/202 Dated | 0 | |
| Signature Z | Dot 50 | |
| (13y A select | director, president or other officer – if ed, by an incorporator – if in the hands nted fiduciary by that fiduciary) | directors or officers have not been of a receiver, trustee, or other court |
| | MALLELYS SOTELO FONSECA | |
| | (Typed or printed name o | f person signing) |
| | PRESIDENT | |
| | (Title of person signing) | |