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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: LA COCINA CHA	APINA, CORP	
DOCUMENT NUM	BER: P20000093967		
	s of Amendment and fee are su	bmitted for filing.	
Picase return all corre	espondence concerning this ma	tter to the following:	
	MATTHEW CRUZ		
		Name of Contact Persor	1
		Firm/ Company	
	2101 VISTA PARKWAY 40	30	
		Address	
	WEST PALM BEAC, FL 334	411	
		City/ State and Zip Code	2
	mcruzngroup@att.net		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Matthew Cruz		at (385-7072
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address Iment Section In of Corporations In the Corporations In Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

LA COCINA CHAPINA, CORP

(Name of Composition of guerra	ntly filed with the Florida Dept. of State)	
P20000093967	ntly med with the Florida Dept. of State)	
· · · · · · · · · · · · · · · · · · ·	r of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, th its Articles of Incorporation:	is Florida Profit Corporation adopts the following	owing amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must co	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
	- -	202
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SEP 7
D. If amending the registered agent and/or registered office ac new registered agent and/or the new registered office addre		52
-	× 931	
Name of New Registered Agent		
(Florida	street address)	
(Pioriaa	street daaress)	
New Registered Office Address:	(City), Florida	(Zip Code)
	· · · · · · · · · · · · · · · · · · ·	
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia		ian
Thereby accept the appointment as registered agent. Tum jumita	ir wan and accept the obligations of the posit	1071.
Cimum of V	Registered Agent, if changing	
Signature of New	к кедыегей Аделі, у спапдіпд	
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)

Example:

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.

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>	<u>Name</u>	Address	
1) Change	MGR	SUEIDIN P AROCHE CRUZ	2101 VISTA PARKWAY #4030	
Add			WEST PALM BEACH, FL 33411	
X Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change	<u> </u>			
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

C. II a	mending or adding additional Articles, enter change(s) here:
(Att	ach additional sheets, if necessary). (Be specific)
-	
	• • • • • • • • • • • • • • • • • • • •
F. <u>If a</u>	n amendment provides for an exchange, reclassification, or cancellation of issued shares,
<u>pr</u>	ovisions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)
-	
	

AUGUST 20, 2021
The date of each amendment(s) adoption:, if other date this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"
(voting group)
Signature (By a director phosident or other officer – if directors or officers have not been selected; by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
President in the state of person signing)
(Title of person signing)

the

the