## P21000015065

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

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NAME OF CORPOR	ATION: PLATEA MIAMI,	INC.				
DOCUMENT NUMB	ER: P21000015065					
	f Amendment and fee are su	bmitted for filing.				
Please return all corresp	ondence concerning this ma	tter to the following:				
(	CARL S. TELIAS					
		Name of Contact Person	1			
7	TELIAS & COMPANY, INC	7				
-		Firm/ Company				
2	1799 NW 2ND AVENUE - S	SUITE 107				
_		Address				
F	BOCA RATON, FLORIDA 33431					
_	City/ State and Zip Code					
(	CTELIAS@AMLBSA.COM					
_	~	sed for future annual report	notification)			
For further information  CARL S. TELIAS	concerning this matter, pleas		<b>901-5657</b>			
Name of	Contact Person	at ( Area Co	901-5657 de & Daytime Telephone Number			
	the following amount made					
\$35 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 Entre of Tallahassee V. Monroe Street, Suite 810			

Tallahassee, FL 32303

## Articles of Amendment

	to to
	Articles of Incorporation
	of
PLATEA MIAMI, INC.	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(Name of Corporation as currently filed with the Florida Dept. of State) P21000015065 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 12175 S. DIXIE HIGHWAY B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) MIAMI, FLORIDA 33156 C. Enter new mailing address, if applicable: 12175 S. DIXIE HIGHWAY (Mailing address MAY BE A POST OFFICE BOX) MIAMI, FLORIDA 33156 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing Check if applicable

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 Sr	ույլ	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
i) Change	S	_	JOEL KOFI ADJEI	11878 SW 250TH TERRACE
X Add				MIAMI, FL 33032
X Remove				11212 SW 243RD STREET
2) Change	<u>s</u>	_	KIMBERLY B NAVAS-SALAZAR	HOMESTEAD, FL 33032
Add				
Remove 3) Change		<del>_</del>		
Add				
Remove				
4) Change		<del></del>		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	amending or adding additional Art tach additional sheets, if necessary).	(Be specific)
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	04/15/2021	
The date of each amendment date this document was signed		, if other than the
date this document was signed	04/15/20201	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more man 20 days after amenament five date)	
	this block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators, or board of directors without shareholder	r action and shareholder
■ The amendment(s) was/web  by the shareholders was/web	re adopted by the shareholders. The number of votes cast for the amendrere sufficient for approval.	nent(s)
	re approved by the shareholders through voting groups. The following stand 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	
P, T & S	,,,	
, . <del></del>	(voting group)	
04/15/ Dated	(2021	
sc	y a director, president or other officer – if directors or officers have not be elected, by an incorporator – if in the hands of a receiver, trustee, or other oppointed fiduciary by that fiduciary)	
	FERNANDO SALAZAR	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	