P21000020657

(Re	equestor's Name)		
(Address)			
(Ad	idress)		
(Cit	ty/State/Zip/Phone	e #)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: RAFAEL POLLO	BRITO CORP		
	IBER: P21000020657			
The enclosed Article	es of Amendment and fee are su	bmitted for filing.		
Please return all corr	respondence concerning this ma	itter to the following:		
	RAFAEL BRITO			
		Name of Contact Persor	1	
	RAFAEL POLLO BRITO C	ORP		
	-	Firm/ Company		
	8620 NW 111 TH CT	Time Company		
		Address		
	DORAL FLORIDA, 33178			
		City/ State and Zip Code	e	
	CCRG82@HOTMAIL.COM	I		
	•	sed for future annual report	notification)	
For further informati	on concerning this matter, plea		2473038	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check	for 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)	
	ailing Address		Address	
	nendment Section		ment Section	
	vision of Corporations	Division of Corporations		
	D. Box 6327		entre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

RAFAEL POLLO BRIT	(Name of Corporation as currently filed with the Florida Dept. of State) AM 10: 14	
	(Thirte of Corporation as current, inco with the Final Corporation)	
P21000020657	FARY OF STATE	
	(Document Number of Corporation (if known)	

1210/00/2003/			1411 1414 565 15 - 31415	
	(Document Number of	of Corporation (if known)	and the Manne	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporati	on adopts the following amendme	
A. If amending name, enter the new n	ame of the corporation:			
			Thenew	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp." "Inc," or "Co"	A professional corporati	ted" or the abbreviation "Corp.," on name must contain the word	
B. Enter new principal office address,	if applicable:	8620 NW 111 TH CT	I CT	
(Principal office address <u>MUST BE A S</u>		DORAL FLORIDA, 33178		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		8620 NW 111 TH CT		
		DORAL FLORIDA, 33178		
 If amending the registered agent at new registered agent and/or the ne 			e name of the	
Name of New Registered Agent	RAFAEL BRITO	_		
the state of the s	8620 NW 111 TH CT , DO	DRAL FLORIDA, 33178		
	(Florida st	reet address)		
New Registered Office Address:	8620 NW 111 TH CT , DORAL FLORIDA		, Florida 33178	
New Negative Office Hade Cas.	(City)		(Zip Code)	
New Registered Agent's Signature, if c hereby accept the appointment as regis			ations of the position.	
			The state of the s	
	Signature of New I	Registered Agent, if chang	ing	

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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	RAFAEL BRITO	8620 NW 111 TH CT
Add			DORAL FLORIDA, 33178
Remove			
2) Change	P	RAFAEL BRITO	7260 STIRLING RD. 302
Add			HOLLYWOOD, FL 33024
X Remove 3) Change			
Add			
Remove			<u>-</u>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

rxaaca aaamonai sneets, y necessa	l Articles, enter cha ary). (Be specific)			
•				
				·
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		. 		
an amendment provides for an provisions for implementing the	exchange, reclassif	<u>ication, or cancell</u> contained in the a	ation of issued sha mendment itself:	res,
(if not applicable, indicate N/.	A)			

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
08/01/2021 Effective date if applicable:	
	fter amendment file date)
Note: If the date inserted in this block does not meet the applicable sta document's effective date on the Department of State's records.	tutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of action was not required.	directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	r of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through vo must be separately provided for each voting group entitled to vote sep	
"The number of votes east for the amendment(s) was/were suffice	ient for approval
(voting group)	
DatedSignatureSafael Buti	
(By a director, president or other officer – if d selected, by an incorporator – if in the hands appointed fiduciary by that fiduciary)	
RAFAEL BRITO	
(Typed or printed name of	person signing)
Kafad Buti.	ρ
(Title of person signing)	