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Office Use Only



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2021 JUL 29 PH 3: 41

A. Butler

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION: TAQUERIA Y GA	ARNACHERIA EL BUEN (	GUSTO CORP
DOCUMENT NUMBER:			
The enclosed Articles of A	mendment and fee are su	bmitted for filing.	
Please return all correspond	lence concerning this ma	itter to the following:	
HEI	EN R ANGEL MONZO	N.	
		Name of Contact Persor	1
TAC	QUERIA Y GARNACHI	ERIA BUEN GUSTO COR	P
		Firm/ Company	
5384	LCANNON WAY		
		Address	
WE	ST PALM BEACH FL 3	3415	
		City/ State and Zip Code	:
HEL	.ENANGEL77@LIVE.C	'OM	
	-	sed for future annual report	notification)
For further information cor	•		2039257
Name of Co	ontact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the	following amount made	payable to the Florida Depo	artment of State:
S35 Filing Fee	S43.75 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
Amendm	ent Section		ment Section
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	
	see, FL 32314		N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

TAQUERIA Y GARNACHERIA EL BUEN GUSTO COE	2021 JUL 29 PM 3: 41
(Name of Corporation as	s currently filed with the Florida Dept. of State)
P21000029326	SEUNZIN G OF STATE TALL SIZESES EL
(Document l	Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corpor	ration:
N/A	The new
	ration," "company," or "incorporated" or the abbreviation "Corp.," "Co".—A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>5S</u> )
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	N/A
	<del></del>
D. If amending the registered agent and/or registered o	office address in Florida, enter the name of the
new registered agent and/or the new registered offic	
Name of New Registered Agent N/A	
Nume of New Registered Agent	
,	(Florida street address)
New Registered Office Address:	
	(Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	
тысту ассерсия арранишен ах гедімеген адет. Тат	зашина жин ана иссерств отядиноня ој те ромнон.
Signature	of New Registered Agent, if changing

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 Doc 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	<u>V</u>	Mike Jones	
_X Add	$\underline{sv}$	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	JOSE MANUEL OROZCO ANGEL	5384 CANNON WAY
X Add			WEST PALM BEACH FL 33415
Remove			
2) Change		_	
Add			
Remove 3.) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
51 Change		***	
Add			
Remove			
6) Change			
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/4)	(Attach additio	r adding additional Articles, enter change(s) here: nal sheets, if necessary). (Be specific)	
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	'A		
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A	(if not ap	plicable, indicate N/A)	
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	07/26/2021	
The date of each amendment(s date this document was signed.	adoption:	, if other than th
0 Effective date <u>if applicable</u> :	7/26/2021	
	(no more than 90 days a)	iter amendment file date)
Note: If the date inserted in thi document's effective date on the		ntory filing requirements, this date will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of	directors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	ndopted by the shareholders. The number sufficient for approval.	of votes cast for the amendment(s)
	approved by the shareholders through vot for each voting group entitled to vote sepa	
"The number of votes c	ast for the amendment(s) was/were suffici	ent for approval
by SHAREHOLDER		
	(voting group)	
07/26/20 Dated	21	
Signature 🔀	Hord In	
selec	director, president or other officer – if director, president or other officer – if directed, by an incorporator – if in the hands cointed fiduciary by that fiduciary)	
	HELEN R ANGEL MONZON	
	(Typed or printed name of	person signing)
	PRESIDENT	
	(Title of person signing)	