P21000044312

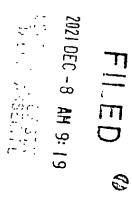
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800377341778

12/08/21--01005--024 **35.08



C. BRUMBLEY

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORE	PORATION: EL REY DEL CHO	ORIPAN CORP	
DOCUMENT NU	D21000044212		
The enclosed Artic	les of Amendment and fee are su	bmitted for filing.	
Please return all co	rrespondence concerning this ma	tter to the following:	
	ARIEL KORUK		
		Name of Contact Person	n
	0054 REALTY		
		Firm/ Company	· ·
	2200 NE 123 ST		
		Address	.
	NORTH MIAMI, FL. 33181		
		City/ State and Zip Code	e
	ARIEL@0054REALTY.COM	М	
	-	sed for future annual report	notification)
For further informa	ition concerning this matter, pleas	se call: at (, 8043205
Nan	ne of Contact Person		de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depo	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
<u>7</u> D	Tailing Address Amendment Section Division of Corporations One Box 6327	Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee

Articles of Amendment to Articles of Incorporation of

EL REY DEL CHORIPAN CORP

(Name of Corporation as current)	y filed with the Florida Dept. of State)
P21000044312	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following 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," "Co". Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	1 professional corporation name must contain the word
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	N/A
	202
D. If amending the registered agent and/or registered office addr	G 'I
new registered agent and/or the new registered office address	. 00
Name of New Registered Agent	977 1
	i i i i i i i i i i i i i i i i i i i
(Florida str	eet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar w	with and accept the obligations of the position.
Signature of New Re	egistered 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 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	V	Mike Jone	<u>s</u>	
X Add	<u>sv</u>	Sally Smit	<u>h</u>	
Type of Action (Check One)	<u>Title</u>	<u>N</u>	lame	Address
1) Change	<u>s</u>	_ A	ARIEL E. KORUK	2200 NE 123 ST.
Add				NORTH MIAMI, FL, 33181
X Remove				
2) Change				
Add				
Remove 3) Change		 –		
Add				
Remove				
4) Change	*********			
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
D				

	Articles, enter cl v). (Be specific	:)			
	1.				
	· 		·		
	·				
				_	
		· · · · · · · · · · · · · · · · · · ·			
	 -			· · · · · · · · · · · · · · · · · · ·	
					····
	·····	···			
f an amendment provides for an ex	xchange, reclas-	sification, or can-	cellation of issued :	shares,	
provisions for implementing the ar	mendment if <u>no</u>	t contained in th	e amendment itsel	<u>f:</u>	
(if not applicable, indicate N/A)					
		······································	· · · · · · · · · · · · · · · ·		
		<u> </u>			
			<u> </u>		· · · · · · · · · · · · · · · · · · ·
					<u> </u>
					
					<u> </u>

.

	AGO/04/2021	
The date of each amendment(s) ac	option:	, if other than the
late this document was signed.		
	/04/2021	
Effective date <u>if applicable</u> :		
	(no more than 90 days after ame	endment file date)
Note: If the date inserted in this blocument's effective date on the De		iling requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	sted by the incorporators, or board of director	rs without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of vote ficient for approval.	es cast for the amendment(s)
, .	or the amendment(s) was/were sufficient for	
	(voting group)	
AGO/04/20 Dated		
selected	ector, president or other officer – if directors, by an incorporator – if in the hands of a reco	
	ARIEL KORUK	
	(Typed or printed name of person :	signing)
	SECRETARY	
•	(Title of person signing)	