## P21000056135

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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

**Division of Corporations** 

P.O. Box 6327

NAME OF CORPO	RATION: Q'BOLA BANQU	ET HALL INC.					
DOCUMENT NUMBER: P21000056135							
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all corre	espondence concerning this ma	itter to the following:					
	Adrian Lopez Acosta						
		Name of Contact Person					
	Q'Bola Banquet Hall Inc.						
		Firm/ Company					
	13907 Hayward Pl						
	Address						
	Tampa, FL, 33618						
		City/ State and Zip Cod	e				
	qbolabanquethall@gmail.com						
	· •	sed for future annual report	notification)				
For further information concerning this matter, please call:							
Adrian Lopez Acosta		at (	5996621				
Name of Contact Person Area Code & Daytime Telephor		de & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:							
□ \$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)				
	iling Address endment Section		Address ment Section				

Division of Corporations

The Centre of Tallahassee

## Articles of Amendment to Articles of Incorporation of



Q'BOLA BANQUET HALL INC.

2021 DEC 29 PM 4: 12

P21000056135	or Corporation as curre	tly filed with the Florida Deptitof State RY STATE		
121(00,03,013,7	(Document Numbe	r of Corporation (if know	m)	
Pursuant to the provisions of section 607 its Articles of Incorporation:		•		
A. If amending name, enter the new n	ame of the corporation:			
Q'BOLA INC.			The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co".	A professional corpor		
B. Enter new principal office address,	if applicable:	N/A		
(Principal office address MUST BE A S		· · · · · · · · · · · · · · · · · · ·		
C. Enter new mailing address, if appl	icable:	N/A		
(Mailing address MAY BE A POST	OFFICE BOX)	IN/A		
<ol> <li>If amending the registered agent are new registered agent and/or the new registered.</li> </ol>			the name of the	
	N/A	<del></del>		
Name of New Registered Agent				
	/r?			
	N/A	street address)		
New Registered Office Address:	N/A	(Circl)	, Florida(Ziv Code)	
		(City)	(zip Code)	
New Registered Agent's Signature, if c	hanging Registered Age	nt:		
hereby accept the appointment as regist			ligations of the position,	

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)

Add

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 Doc X Remove <u>V</u> Mike Jones <u>SV</u> Sally Smith <u>X</u> Add <u>Address</u> Type of Action Title Name (Check One) N/A 1) \_\_\_\_ Change \_\_\_\_ Add \_\_\_ Remove N/A 2) \_\_\_\_ Change \_\_\_ Add \_ Remove N/A 3 ) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove N/A 4) \_\_\_\_ Change \_\_\_ Add Remove N/A 5) \_\_\_\_ Change \_\_\_\_ Add Remove N/A 6) \_\_\_\_ Change

(Attach additional sheets, if necessary).	(Be specific)
I/A	
	, , , <del>, , , , , , , , , , , , , , , , </del>
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(у пог аррисиоте, таксите м/A) /A	
	<del></del>

The date of each amendment(s) adopt date this document was signed.	AS SOON AS POSSIBLE		, if other than the
Effective date if applicable:			
	(no more than 90 days	after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departs		atutory filing requirements, this date wi	ll not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of	of directors without shareholder action an	d shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffici		er of votes cast for the amendment(s)	
☐ The amendment(s) was/were approve must be separately provided for each			
"The number of votes cast for t	he amendment(s) was/were suffi	cient for approval	
by	(voting group)	"	
selected, by		directors or officers have not been sof a receiver, trustee, or other court	
	DUIAA 401E 2 (Typed or printed name o	AQDSTA f person signing)	<del></del>
	(Title of person signing)	<del></del>	