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T. LEMIEUX DEC 14 2021

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: AEUHDZ RESTA		URANT GROUP INC	
DOCUMENT NUMB			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
	URIEL HERNANDEZ		
-		Name of Contact Persor	1
	AEUHDZ RESTAURANT C	ROUP INC	
-		Firm/ Company	
	28 CHELSEA LANE		
-		Address	
1	BOYNTON BEACH, FL 334	126	
	E-mail delicess: (to be us	·	
MARIA HERNANDE			221-5277
Name o	f Contact Person	Area Co	de & 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	□\$43.75 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 2415 N	Address Iment Section In of Corporations Interest of Tallahassee I. Monroe Street, Suite 810 Issee, FL 32303

Articles of Amendment to Articles of Incorporation of

AEUHDZ RESTAURANT GROUP INC

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp." "Inc.," or "Co". A professional corporation name must contain the "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following an its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "linc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the "chartered," "professional association," or the abbreviation "P.A. B. Enter new principal office address, if applicable: (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 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: N/A (Florida street address) New Registered Office Address: Florida Florida Florida	
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Name of New Registered Agent (Florida street address) New Registered Office Address: Florida	D
(Florida street address) New Registered Office Address:	
(Florida street address) New Registered Office Address:	
New Registered Office Address: Florida	
• •	
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	

☐ 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	PT	John Doe	
X Remove	<u>v</u>	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) Change	VP	URIEL HERNANDEZ	28 CHELSEA LANE
X Add			BOYTNON BEACH, FL 33426
Remove			
2) Change	<u> </u>		
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			 .
Add			
Remove			
6) Change			
Add			
Remove			

	ing or adding additional Iditional sheets, if necessar		s) here:		
N/A		y,. (a,,,)			
		•			
					
					
					
			,		
F. <u>If an am</u>	endment provides fo <u>r an</u>	<u>exchange, reclassificati</u>	on, or cancellation	of issued shares,	
<u>provisio</u> (if n	ons for implementing the ot applicable, indicate NA	<u>amendment if not cont</u> ()	ained in the amend:	ment itself:	
N/A	, , , , , , , , , , , , , , , , , , ,	,			
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11/16/2021 The date of each amendment(s) adoption:	, if other than the
date this document was signed.	It other than the
11/16/2021	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this d document's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder act action was not required.	ion and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following staten must be separately provided for each voting group entitled to vote separately on the amendment(s):	ient
"The number of votes cast for the amendment(s) was/were sufficient for approval	
SHAREHOLDERS	
(voting group)	
11/16/2021 Dated	
Signature Maria Herralen	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other cou	irt
appointed fiduciary by that fiduciary)	
MARIA E. HERNANDEZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	