P22000 2467

(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



200390869112

07/20/22--01011--013 **35.00

7022 JUL 20 FN 6: 26

OCT 1 8 7027 3. PRAY-

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Andy's Cuban Rest	aurant, Inc.	
DOCUMENT NUM			
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Sylvia Alvarez		
		Name of Contact Persor	1
	Andy's Cuban Restaurant, Inc	<u>:</u> .	
		Firm/ Company	
	516 Joel Blvd, Unit 6		
		Address	_
	Lehigh Acres, FL 33936		
		City/ State and Zip Code	e
	andyscubanrestaurant@gmail	l.com	
	E-mail address: (to be us	sed for future annual report	notification)
	n concerning this matter, pleas		
Sylvia Alvarez		at ()
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or 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)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Division The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment Articles of Incorporation of

	Articles of A	mendment		100 Hz 120 120 120 120 120 120 120 120 120 120
	to Articles of Inc	ornoration	1 :)	
	of	•	ŕ	
Andy's Cuban Restaurant, Inc.				
(Name of	Corporation as currentl	v filed with the Florid	a Dept. of State)	
P2200002469				٠٠٠٠ (٣٠ <u>- ١</u> ٠٠٠ (٣٠ - ١
	(Document Number o	f Corporation (if knows	1)	937 8
Pursuant to the provisions of section 607.16 its Articles of Incorporation:	006, Florida Statutes, this	Florida Profit Corpora	ntion adopts the fe	ollowing amendment(s) to
A. If amending name, enter the new nam	ne of the corporation:			
N/A				The new
name must be distinguishable and contain the "Inc.," or Co.," or the designation "Co. "chartered," "professional association," o	rp." "Inc." or "Co". 2	1 professional corpora		
B. <u>Enter new principal office address, if</u> (Principal office address <u>MUST BE A STI</u>		N/A		
C. Enter new mailing address, if application (Mailing address MAY BE A POST O.)		N/A		
D. If amending the registered agent and new registered agent and/or the new			the name of the	
Name of New Registered Agent	√A			
· · · · · · · · · · · · · · · · · · ·				
-	(Florida str	vect address)		
New Registered Office Address:		(City)	Florida_	(Zip Code)
		,,		
New Registered Agent's Signature, if chall hereby accept the appointment as register	unging Registered Agent red agent. I am familiar	<u>:</u> with and accept the obl	igations of the po	osition.
	Signature of Now R	egistered Agent, if char	nging	

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)

Example:

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.

X Chunge	<u>PT</u>	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>	Address
1) Change	P	ODALYS SANTANA	516 JOEL BLVD, UNIT 6
Add			LEHIGH ACRES, FL 33936
X Remove			
2) Change	VP	SYLVIA ALVAREZ	516 JOEL BLVD, UNIT 6
Add			LEHIGH ACRES, FL 33936
X Remove 3) Change	Р	SYLVIA ALVAREZ	516 JOEL BLVD, UNIT 6
Add			LEHIGH ACRES, FL 33936
Remove			<u> </u>
4) Change		_	
Add			
Remove			
5) Change		_	
Add			
Remove			
பெ Change			
Add			
Remove			

	or adding additional a onal sheets, if necessar,	y). (Be specific)	_ _		
		 -		_	
					
					- -
		<u>-</u>			
					
		-			 -
	· · · · · · · · · · · · · · · · · · ·				- :
				<u></u>	
f an amend	<u>nent provides for an </u>	exchange, reclassit	ication, or cancella	ation of issued sha	ires.
provisions (or implementing the	ame <u>ndment if not</u> :	contained in the ar	mendment itself:	
(if not a	pplicable, indicate N/A)			
		-			
				-	
				<u> </u>	

. . .

.

		7/01/2022		
The date of each amendme				, if other than the
date this document was sign-	rd.			
	07/01/2022			
Effective date if applicable	:			
		(no more than 90 da	ys after amendment file date)	
Note: If the date inserted in document's effective date or			e statutory filing requirements,	this date will not be listed as the
Adoption of Amendment(s) (<u>CF</u>	IECK ONE)		
■ The amendment(s) was/w action was not required.	vere adopted by the	incorporators, or boar	d of directors without sharehold	er action and shareholder
☐ The amendment(s) was/v by the shareholders was/			mber of votes east for the amend	dment(s)
			1 voting groups. The following separately on the amendment(s	
"The number of vo		ndment(s) was/were si	ufficient for approval	2022 JUL 20 PH 6:
by	(vo		·•	푸. 를
	(voi	ing group)		JUL 20
				11
	01/2022			FN 6: 2
Dated				5
Signature	Cal. a	3		## 26 55 26
Signature	(By a director, pres	orporator – if in the ha	if directors or officers have no nds of a receiver, trustee, or oth	
	ODALYS	SANTANA		
		(Typed or printed nam	e of person signing)	
	PRESIDE	T		
		(Title of person signin	g)	