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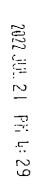
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: LA FINQUITA BA	AR AND GRILL CORP	
DOCUMENT NUM	D22000036826		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	ALINA CUNI		
		Name of Contact Persor	3
	LA FINQUITA BAR AND C	RILL CORP	
		Firm/ Company	
	13816 SW 56 ST	This company	
		Address	
	MIAMI, FL 33175		
		City/ State and Zip Code	•
	CUNIALINA@YAHOO.CO	М	
	_	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call: 786	872-9645
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to **Articles of Incorporation** of

LA FINQUITA BAR AND GRILL CORP	2022 CC 21 PM 4: 29
(Name of Corporation as currently fil	
P22000036826	-1
(Document Number of Co	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	ida 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," "comp" "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A pr" chartered," "professional association," or the abbreviation "P.A."	pany," or "incorporated" or the abbreviation "Corp.,"
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) ———————————————————————————————————	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street a	ddenes
	uuressy
New Registered Office Address: (City	, Florida (Zip Code)
	, , , , , ,
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 Regist	ered 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	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change	VP	GEOVANNY BALMASEDA	16240 SW 66 ST
Add			MIAMI, FL 33193
X Remove			
2) Change	VP	FRANK LLANO	6531 SW 42 ST
Add			MIAMI, FL 33155
X Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

•	l sheets, if necess	ary). (Be specific)			
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	t provides for an	<u>i exchange, reclassi</u>	fication, or cancellat	<u>ion o</u> f issued shares	•
amendmen	mplementing the	amendment if not	contained in the am	endment itself:	-
visions for i	cable, indicate N/	/A)	<u> </u>		
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The date of each amendment(s	adoption:, if other than the
date this document was signed.	7/13/2022
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in thi document's effective date on the	block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
07/13/20 Dated	22
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	ALINA CUNI
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)