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1/10/2023

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MEDELLIN BURG	GER STEAK BAR CORP			
DOCUMENT NUMI	BER: P22000060798		, <u>.</u>		
	of Amendment and fee are sul	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	ANNY J ANDRADE GAVIF	RIA			
	Name of Contact Person				
	MEDELLIN BURGER STEAK BAR CORP				
	Firm/ Company				
	1349 E ALTAMONTE DR	Thur company			
		Address			
	ALTAMONTE SPRINGS, FI	L 32701			
		City/ State and Zip Code	e		
	annyandradegaviria01@gmai	l.com			
	E-mail address: (to be us	sed for future annual report	notification)		
	n concerning this matter, pleas				
ANNY J ANDRADE GAVIRIA		at (			
Name of Contact Person Area Code & Daytime Telep		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	☐S43.75 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)		
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Ameno Divisio The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

## Articles of Amendment to Articles of Incorporation of

FILED 2022 OCT 14 PM 5: 22

MEDELLIN BURGER STEAK BAR CORP

( <u>Name c</u>	of Corporation as curren	tly filed with the Florida Dept.	or State
P22000060798		of Corporation (if known)	
	,	•	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation ado	pts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
N/A			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Cortain association,"	Corp," "Inc," or "Co".	A professional corporation nan	r the abbreviation "Corp.," ne-must-contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		1349 E ALTAMONTE DR	
		ALTAMONTE SPRINGS, I	FL 32701
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		8385 NARCOOSSEE RD A	PT 7210
Transaction State Production	<u> </u>	ORLANDO, FL 32827	
D. If amending the registered agent ar			e of the
new registered agent and/or the new	<u>w registered office addre</u> ANNY J ANDRADE G		
Name of New Registered Agent	ANN 1 J ANDRADE GA	VIKIA	
	8385 NARCOOSSEE RI		
		treet address)	22027
New Registered Office Address:	ORLANDO		Florida 32827
		(City)	(Zip Code)
New Registered Agent's Signature, if c			
I hereby accept the appointment as regist	ered agent. I am familia.	with and accept the obligations	of the position.
	Δ	$\bigcap$	
	1	A ( Win	
	Signature of Now	Registercarigent, 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)

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 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>	<u>Name</u>	<u>Addres</u> s
1) X Change	РТ	ANNY J ANDRADE GAVIRIA	8385 NARCOOSSEE RD
Add			APT 7210
Remove			ORLANDO, FL 32827
2) Change	PT	MILAGROS C CASTRO CARRERO	6468 S GOLDENROD RD
Add	<u></u>		UNIT C
X Remove	V	YESID M CORDOBA TORRES	ORLANDO, FL 32822 1410 - FL 436
X Add			CASSELBERRY, FL 32707
Remove			
Add			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

Attach a	ing or adding additional Articles, enter change(s) here:  ditional sheets, if necessary). (Be specific)
4	
·	
_	
	<u></u>
1.0	
H an am	ndment provides for an exchange, reclassification, or cancellation of issued shares, ns for implementing the amendment if not contained in the amendment itself:
(if i	ot applicable, indicate N/A)
A	<i>(4)</i>
	<del></del>
_	·—· · · · · · · · · ·-

.

The date of each amendment(s) ac date this document was signed.	loption:, if other	than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be liste	d as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	···	
	(voting group)	
selected appoint	rector, president or other officer = if directors or officers have not been I, by an incorporator - if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)  ANNY J ANDRADE GAVIRIA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	