P2300002708

	(Requestor's Name)
	/A
	(Address)
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	(Address)
	(City/State/Zip/Phone #)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(business charty Name)
	(Document Number)
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Certified Copies	Certificates of Status
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Special Instructions to	Filing Officer:
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A. RAMSEY JUL 19 2023



CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 7 Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ANJOJITOS SMOKE HOUSE INC.	
Please Debit FCA000000003 For: 35	
Thank you Seth Neeley	
1-4-/	
All of	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Phuto Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
,	Officer Search
	Fictitious Search
Simple Si	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier
17. Browner & Browner & Theory report FLA & TV	•

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATTON: ANTOJITOS SMO	KE HOUSE INC.	
DOCUMENT NUMBER: P23000002708			
The enclosed Articles of	Amendment and fee are sul	bmitted for filing.	
Please return all corresp	ondence concerning this mat	tter to the following:	
R	OSE DELGADO		_
_		Name of Contact Person	
RD ACCOUNTING SERVICES & MORE LLC			
_		Firm/ Company	
1	012 MABBETTE STREET		
		Address	
KISSIMMEE, FL 34741			
		City/ State and Zip Code	
RDASERVICES16@YAHOO.COM			
-	E-mail address: (to be us	ed for future annual report r	ectification)
For further information	concerning this matter, pleas	se call;	
ROSE DELGADO		at (407	450-8084
Name of	Contact Person	Area Cod	e & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depar	tment 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)
Amer Divisi P.O. I	ng Address diment Section ion of Corporations Box 6327 hassee, FL 32314	Division The Ce 2415 N	address nent Section of Corporations ntre of Tallahassee . Monroe Street, Suite 810 see, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

2023 JUL 18 AM 11: 58

ANTOJITOS SMOKE HOUSE INC.	TR WATSOM TE STAFF
(Name of Corporation as current	tly filed with the Florida Dept. of State)
P23000002708	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
ANTOJITOS TROPICAL CAFE INC.	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new malling address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	1505 W. MEMORIAL BLVD. LAKELAND, FL 33815
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address	
(Florida s	treet address)
New Registered Office Address:	. Florida
THE STATE OF THE S	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	nt; with and accept the obligations of the position.
Signature of New	Registered Agent, if changing
Cheat 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.

<u>A</u> Change	<u>F1</u>	John Doe			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	Name	Address		
1) Change	P	WILFREDO GUILBE-COLON	236 LAVANDER CT.		
X Add			ORLANDO, FL 32807		
Remove	VP	ASARIEL SANCHEZ VELEZ	635 ROBIN RD.		
2) X Change Add		<u>. </u>	LAKELAND, FL 33803		
Remove 3) X Change	<u>s</u>	ORQUIDIA VELEZ CARDONA	5880 ARLINGTON RIVER DR.		
Add			LAKELAND, FL 33811		
Remove					
4)Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

•	(Be specific)
······································	
	
n amendm <u>ent provides fo</u> r an exch	ange, reclassification, or cancellation of issued shares,
ovisions for implementing the ame	ange, reclassification, or cancellation of issued shares, and and an amount if not contained in the amountment itself:
n amendment provides for an exchovisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
ovisions for implementing the ame	ndment if not contained in the amendment itself:
ovisions for implementing the ame	ange, reclassification, or cancellation of issued shares, and and an amount if not contained in the amountment itself:
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ovisions for implementing the ame	ndment if not contained in the amendment itself:

The date of each amendment(s) as date this document was signed.	loption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file dat	e)
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requirement partment of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without share	holder action and shareholder
N The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the ar flicient for approval.	mendment(s)
	roved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendment	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
07/18/202	3	
Dated		
Signature	Hof Sull	
	rector, president or other officer - if directors or officers have	
	l, by an incorporator - if in the hands of a receiver, trustee, or	other court
appoun	ed fiduciary by that fiduciary)	
	WILFREDO GUILBE-COLON	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

COVER LETTER

TO: Amendment Section
Division of Corporations

. ;

NAME OF CORPO	RATION: ANTOJITOS SMO	KE HOUSE INC.	
	BER: P23000002708		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	ROSE DELGADO		
		Name of Contact Person	1
	RD ACCOUNTING SERVICE	CES & MORE LLC	
		Firm/ Company	
	1012 MABBETTE STREET		
		Address	
	KISSIMMEE, FL 34741		
		City/ State and Zip Code	3
	RDASERVICES16@YAHO	O.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informatic	n concerning this matter, pleas	407	, 450-8084
Name	of Contact Person	at (Area Co	de & Daytime Telephone Number
	or the following amount made		<u> </u>
□ \$35 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)
Am Div P.O	iling Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Amend Division The C 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303