## P230000149285

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Dusiness Chuty Name)					
(Document Number)					
(Booding Methods)					
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Special Instructions to Filing Officer:					
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02/02/24--01031--017 \*\*35.00



## COVER LETTER

**TO:** Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation

(Name of Corporation as currently filed with the Florida Dept. of State)

Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," name must be assunguishable and contain the word—corporation, —company, or ancorporation of the dimevalution—Corp.; "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "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) 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: Name of New Registered Agent (Florida street address) New Registered Office Address: 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	<u> 171</u>	John Doe	
X Remove	$\underline{V}$	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			
Add			
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	_		
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessor	ary). (Be specific)	•		
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<u>f an amendment provides for ai</u>	n eychange, reclassi	fication <u>, or cancel</u>	lation of issued sh	ir <u>es,</u>
provisions for implementing the	e amendment if not	contained in the a	mendment itself:	
(if not applicable, indicate N	/A)			
	**			
			······································	

The date of each amendment(s) ac	doption:	, if other than the
late this document was signed.		
Effective date if applicable:	1/1/2024	
	(no more than 90 days after amendment file da	te)
Note: If the date inserted in this blocument's effective date on the De	lock does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without share	eholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the aufficient for approval.	imendment(s)
	proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amenda	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	."	
	(voting group)	•
selbete	irector, president or other officer – if directors or officers haved, by an incorporator – if in the hands of a receiver, trustee, of ted fiduciary by that fiduciary)	
	Raul Escoba	C
	(Typed or printed name of person signing)	
	(Title of person signing)	



February 20, 2024

RAUL ESCOBAR 1761 NW 34TH AVE OCALA, FL 34475

SUBJECT: SABOR DEL GALLO INC.

Ref. Number: P23000049285

We have received your document for SABOR DEL GALLO INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 024A00003721

See Attached 3/15/24