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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: RAMA OF MIAM	II, INC.	
	1BER: P95000040854		
	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
	Julio Gutierrez		
		Name of Contact Persor	1
	Law Office of Julio Gutierre:	z. P.A.	
		Firm/ Company	
	2464 SW 137 Avenue	Pitti Company	
		Address	
	Miami, FL 33175	, tual 200	
		City/ State and Zip Code	e
	julio@reypizza.com		
		sed for future annual report	notification)
For further informati Julio Gutierrez	ion concerning this matter, plea	se call: at (³⁰⁵	325-8600
Name	e of Contact Person		de & Daytime Telephone Number
Enclosed is a check	for 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)
	ailing Address nendment Section	<u>Street</u> Amend	Address Iment Section
Di	vision of Corporations	Divisio	on of Corporations
	O. Box 6327		entre of Tallahassee
Ta	illahassee, FL 32314	2415 ñ	N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

			45 25
(Name of Corporat	on as currently filed wit	h the Florida Dept. of Sta	<u>te</u>) >>
95000040854			PAR ARE
(Docu	nent Number of Corporati	on (if known)	- <u>888</u> 8
			୍ ଅଳୁ
rsuant to the provisions of section 607.1006, Florid Articles of Incorporation:	a Statutes, this <i>Florida Pr</i>	<i>ofit Corporation</i> adopts the	follo wi ng an aa di
Articles of incorporation.			문전 표
If amending name, enter the new name of the c	orporation:		S.:: 53
			The n
me must be distinguishable and contain the word "c lnc" or Co.," or the designation "Corp," "Inc, shartered," "professional association," or the abbr	" or "Co". A professio		bbreviation "Corp
Enter new principal office address, if applicable	e:		
rincipal office address <u>MUST BE A STREET AD</u>			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	OX)		
· · · · · · · · · · · · · · · · · · ·	<u> </u>	•	
		_	
. If amending the registered agent and/or registe	and affine address in Ele-	mida antan tha nama af th	
new registered agent and/or the new registered		rida, enter the name of th	<u>c</u>
Name of New Registered Agent			
			-
	(Florida street address)		
New Registered Office Address:	(Florida street address) (City)	Florida	a(Zip Code)

☐ 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>	<u>John Doc</u>	
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) Change	V	Tania Noda	2480 SW 137 Avenue
X Add			Miami, FL 33175
Remove			
2) Change	Т	Niurka Fernandez	2480 SW 137 Avenue
X Add			Miami, FL 33175
Remove 3) Change	S	Julio Gutierrez	2464 SW 137 Avenue
X Add			Miami. FL 33175
Remove			
4) Change	-		
Add			
Remove			
5) Change			
Add			-
Remove			
6) Change			
Add			
Remove			

	les, enter change(s) here: (Be specific)		
		-	
M: Table			
<u> </u>			
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f an amendment provides for an exch provisions for implementing the ame	inge, reclassification, or c	ancellation of issued sha the amendment itself:	res,
	different is not contained as	THE HILL MANNER WAY	
(if not applicable, indicate N/A)			
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	3/22/2022	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
	22/2022	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	the more than 50 days ther amendment file dates	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as t
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without shareholder a	ction and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendme sufficient for approval.	nt(s)
	approved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):	rment
"The number of votes ea	st for the amendment(s) was/were sufficient for approval	
by	· ·	
	(voting group)	
3/22/302	2	
Dated\	·	
Signature	y and Ral	
(By a	director, president or other officer - if directors or officers have not bee	en
	ted, by an incorporator - if in the hands of a receiver, trustee, or other co	ourt
appo	inted fiduciary by that fiduciary)	
	Margarita Rodriguez	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	