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10/20/16--01005--028 **35.00

OCT 2.4 2015 C. CALIROTT HAS

COVER LETTER

Division of Corporations TACO PRESTAURANT, **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number 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

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

(Additional copy is

enclosed)

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certified Copy (Additional Copy

is enclosed)

Articles of Amendment to Articles of Incorporation

of

EL 1450 ACO HES	CAURAUNT, INC.
(Name of Corporation as currently f	iled with the Florida Dept. of State
F 91 7 000	1041165
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Statutes, the statutes of	prida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co	
word "chartered," "professional association," or the abbreviation "P.	A."
B. Enter new principal office address, if applicable:	985
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	9
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	e = =
D. If amending the registered agent and/or registered office addres	s in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent STACY C	NIZ
108 N-MIL	itan 1 Trail
(Florida street	address)
New Registered Office Address: WEST Palm [3000 , Florida 33 415
	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.
	and accept the congulation by the position.
Short ner	\sim
Signature of New Reg	istered Agent, if changing
	()

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.

Mike Jones, v as kemove	e, ana Sai	ty Smith, .	SV as an Aaa.				
Example: X Change	<u>PT</u>	John Do	<u>oc</u>				
X Remove	<u>v</u>	Mike Jo	ones				
_X Add	<u>sv</u>	Sally Sr	<u>nith</u>				
Type of Action (Check One)	Title		<u>Name</u>	0	<u>Addres</u> s		•
1) X Change	P		Esther	- Cruz	108	N. Mil	itary
Add					TrL.	······	
Remove			,		WESTP	alm Beac	h 334
2) Change		_				 	
Add							
Remove	•						
3) Change		_				** <u>*</u>	
Add .					<u></u>	· · · · · · · · · · · · · · · · · · ·	
Remove							
4) Change		-				······································	
Add							
Remove							
5) Change		_			**************************************		
Add					 		
Remove					<u></u>		
6) Change							
Add							
Remove							

Attach <i>additional</i> i	lding additional Ar sheets, if necessary).	(Be specific)	TO THE PERSON !			
						
- · · ·						
•						
	· ,					
provisions for in	provides for an exc oplementing the am able, indicate N/A)	hange, reclassif	leation, or cancel contained in the s	lation of issued : mendment (tself	shares, Ii	
	 					
					<u>. </u>	
		 				
						<u> </u>
						<u></u>

The date of each amendment(s) adoption:, if other t date this document was signed.	han the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	d as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
10/10/19	
Signature Short hell	
By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Esther Chiz	
(Typed or printed name of person signing)	
President	
(Title of person signing)	