P06000124485

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : ACCOUNTING REVENUE SERVICE, INC.
Account Number : I20110000041
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Fax Number : (305)887-8744

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COR AMND/RESTATE/CORRECT OR O/D RESIGN
CAFETERIA RESTAURANT MABI'S CORP.

Certificate of Status	0
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CAFETERIA RESTAURANT MABI'S CORP.

DOCUMENT NUMBER: P06000124485

The enclosed ***Articles of Amendment*** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARITZA MAZAIRA
Name of Contact Person

CAFETERIA RESTAURANT MABI'S CORP.
Firm/ Company

4085 EAST 8TH AVENUE
Address

HIALEAH, FL 33010
City/ State and Zip Code

info@arstaxes.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARITZA MAZAIRA at (786) 200-2765
Name of Contact Person — 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 & 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)

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

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

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Articles of Amendment
to
Articles of Incorporation
of

CAFETERIA RESTAURANT MABI'S CORP.
(Name of Corporation as currently filed with the Florida Dept. of State)

P06000124485
(Document Number of Corporation (if known)

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:

_____
The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "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."

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TALLAHASSEE, FLORIDA

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: MARITZA MAZAIRA

New Registered Office Address: 4085 EAST 8TH AVENUE
(Florida street address)

HIALEAH, Florida 33013
(City) *(Zip Code)*

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.

Maritza Mazaira
Signature of New Registered 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)

Title	Name	Address	Type of Action
PD	MABIA FIGUEREDO	4085 EAST 8TH AVENUE HIALEAH, FL 33010	☐ Add ☑ Remove
SD	JUAN C SANTANA	4085 EAST 8TH AVENUE HIALEAH, FL 33010	☐ Add ☑ Remove
PSD	MARITZA MAZAIRA	4085 EAST 8TH AVENUE HIALEAH, FL 33010	☑ Add ☐ Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

MARITZA MAZAIRA 100% SHAREHOLDER

The date of each amendment(s) adoption: 08/08/2011
(date of adoption is required)

Effective date if applicable: 08/08/2011
(no more than 90 days after amendment file date)

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)

☐ 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.

Dated 08/08/2011

Signature _____
(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)

MABIA B FIGUEREDO
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

ATTACHMENT #1

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, I HEREBY AM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONSABILITIES AS REGISTERED AGENT AND PRESIDENT AND SECRETARY OF SAID CORPORATION, AND I HEREBY WITH THE PROVISIONS OF ALL STATUTES TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

PRINT NAME MARITZA MAZAIRA

SIGNATURE Maritza Mazaira

DATE 6/8/2011