01

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000171883 3)))



H130001718833ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LEBRON ACCOUNTING SERVICES INC

Account Number: 120110000076

Phone : (813)877-8918 Fax Number : (813)514-2806

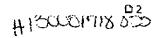
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. Email Address: 10000000000hro Euchco. Com

COR AMND/RESTATE/CORRECT OR O/D RESIGN CASA SIERRA RESTAURANT & OBSESSION NIGHT CLUB INC

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$35.00

https://efile.sunbiz.org/scripts/efilcovr.exe

AUG - 2 2013





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached is a form for filing Articles of Amendment to amend the articles of incorporation of a Florida Profit Corporation pursuant to section 607.1006, Florida Statutes. This is a basic amendment form and may not satisfy all statutory requirements for amending.

A corporation can amend or add as many articles as necessary in one amendment.

- > The original incorporators cannot be amended.
- > If amending the name of the corporation, the new name must be distinguishable on the records of the Florida Department of State. A preliminary search for name availability can be made through the Division's website at www.sunbiz.org. You are responsible for any name infringement that may result from your corporate name selection.
- > If amending the registered agent, the new agent must sign accepting the appointment and state that he/she is familiar with the obligations of the position.
- > If amending/adding officers/directors, list titles and addresses for each officer/director.
- > If amending from a general corporation to a professional corporation, the purpose (specific nature of business) must be amended or added if not contained in the articles of incorporation.

If a section is not being amended, enter N/A or Not Applicable. The document must be typed or printed and must be legible.

Pursuant to section 607.0123, Florida Statutes, a delayed effective date may be specified but may not be later than the 90th day after the date on which the document is filed.

Filing Fee

\$35.00 (Includes a letter of acknowledgment)

Certified Copy (optional)

\$8.75

Certificate of Status (optional)

\$8.75

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

Mailing Address

Street Address

Amendment Section
Division of Corporations

Amendment Section
Division of Corporations

P.O. Box 6327

Clifton Building

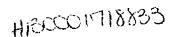
Tailahassee, FL 32314

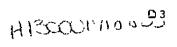
2661 Executive Center Circle

Tallahassee, FL 32301

For further information you may call the Amendment Section at (850) 245-6050

CR2E011 (07/13)





COVER LETTER

NAME OF CORPORATION: CASA SIERRA RESTAURANT & OBSESSION NIGHT CLUB INC DOCUMENT NUMBER: P13000051145 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MILKA HASKINS Name of Contact Person HASKINS & HERRERA ACCOUNTANTS Firm/ Company 5116 N ARMENIA AVE Address TAMPA, FL 33603 City/ State and Zip Code LEBRONACCOUNTING@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MILKA HASKINS Name of Contact Person Atea Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee Certificate of Status Certified Copy (Additional Copy is certified	TO: Amendment Section of Corp				
The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MILKA HASKINS Name of Contact Person HASKINS & HERRERA ACCOUNTANTS Firm/ Company 5116 N ARMENIA AVE Address TAMPA, FL 33603 City/ State and Zip Code LEBRONACCOUNTING@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MILKA HASKINS 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: S35 Filing Fee Certificate of Status Certificate of Status Certificate Copy (Additional copy is Certificate Copy Certificate Copy Certificate Copy Certificate Copy Certificate Copy	NAME OF CORPORATION: CASA SIERRA RESTAURANT & OBSESSION NIGHT CLUB INC				
The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MILKA HASKINS Name of Contact Person HASKINS & HERRERA ACCOUNTANTS Firm/ Company 5116 N ARMENIA AVE Address TAMPA, FL 33603 City/ State and Zip Code LEBRONACCOUNTING@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MILKA HASKINS 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: S35 Filing Fee Certificate of Status Certificate of Status Certificate Copy (Additional copy is Certificate Copy Certificate Copy Certificate Copy Certificate Copy Certificate Copy	DOCUMENT NUMBER: P13000051145				
MILKA HASKINS Name of Contact Person HASKINS & HERRERA ACCOUNTANTS Firm/ Company 5116 N ARMENIA AVE Address TAMPA, FL 33603 City/ State and Zip Code LEBRONACCOUNTING@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MILKA HASKINS 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: S35 Filing Fee Certificate of Status Certificate Copy (Additional copy is Certificate Copy (Additional copy is Certificate Copy (Additional copy is Certificate Copy Certificate Copy					
Name of Contact Person HASKINS & HERRERA ACCOUNTANTS Firm/ Company 5116 N ARMENIA AVE Address TAMPA, FL 33603 City/ State and Zip Code LEBRONACCOUNTING@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MILKA HASKINS 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: S35 Filing Fee Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional copy is Certified Copy (Certified Copy (Additional copy is Certified Copy Certified Copy (Certified Copy Certified Copy (Certified Copy Certified Copy Certified Copy (Additional copy is Certified Copy	Please return all corre	spondence concerning this ma	tter to the following:		
HASKINS & HERRERA ACCOUNTANTS Firm/ Company 5116 N ARMENIA AVE Address TAMPA, FL 33603 City/ State and Zip Code LEBRONACCOUNTING@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MILKA HASKINS 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: S35 Filing Fee Certificate of Status Certified Copy (Additional copy is Certified Copy		MILKA HASKINS	3		
Firm/ Company 5116 N ARMENIA AVE Address TAMPA, FL 33603 City/ State and Zip Code LEBRONACCOUNTING@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MILKA HASKINS 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: S35 Filing Fee S43.75 Filing Fee & Certificate of Status Certificate Opy (Additional copy is Certified Copy Certificate Copy Certified Copy	Name of Contact Person				
Address TAMPA, FL 33603 City/ State and Zip Code LEBRONACCOUNTING@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MILKA HASKINS 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: S35 Filing Fee Certificate of Status Certified Copy (Additional copy is Certified Copy Certificate Of Status Certified Copy (Additional copy is		HASKINS & HERRERA ACCOUNTANTS			
Address TAMPA, FL 33603 City/ State and Zip Code LEBRONACCOUNTING@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MILKA HASKINS 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: S35 Filing Fee Certificate of Status Certified Copy (Additional copy is Certified Copy (Certified Copy			Firm/ Company .		
TAMPA, FL 33603 City/ State and Zip Code LEBRONACCOUNTING@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MILKA HASKINS 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: S35 Filing Fee Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional copy is		5116 N ARMENI	A AVE		
City/ State and Zip Code LEBRONACCOUNTING@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MILKA HASKINS 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: S35 Filing Fee Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional copy is Certified Copy			Address		
LEBRONACCOUNTING@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MILKA HASKINS 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: S35 Filing Fee Certificate of Status Certificate of Status (Additional copy is Certified Copy (Certified Copy Certified Copy (Certified Copy Certified Copy		TAMPA, FL 3360)3		
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MILKA HASKINS 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: S35 Filing Fee Certificate of Status Certificate Opy (Additional copy is Certified Copy (Additional copy is			City/ State and Zip Code		
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MILKA HASKINS 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: S35 Filing Fee Certificate of Status Certificate Opy (Additional copy is Certified Copy (Additional copy is	LE	BRONACCOUNT	ING@YAHOO.C	OM	
MILKA HASKINS 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: S35 Filing Fee Certificate of Status Certificate Of Status (Additional copy is Certified Copy (Additional copy is					
MILKA HASKINS 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: S35 Filing Fee Certificate of Status Certificate Of Status (Additional copy is Certified Copy (Additional copy is			-		
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: S35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy	For further information	on concerning this matter, pleas	se call:		
Enclosed is a check for the following amount made payable to the Florida Department of State: \$\begin{align*} \text{S43.75 Filing Fee & Certificate of Status} & \text{Certified Copy (Additional copy is} & \text{Certified Copy} \\ (\text{(Additional copy is} & \text{Certified Copy} \\ (\text{(Enclosed is a check for the following amount made payable to the Florida Department of State: \$\text{S43.75 Filing Fee & Certified Copy} & \text{Certificate of Status} \\ (\text{(Additional copy is} & \text{Certified Copy} \)	MILKA HASI	KINS	at (813	877-8918	
■ \$35 Filing Fee Certificate of Status Certified Copy (Additional copy is Certified Copy	Name	of Contact Person	Area Cod	le & Daytime Telephone Number	
Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy	Enclosed is a check for the following amount made payable to the Florida Department of State:				
is enclosed)	■ \$35 Filing Fee		Certified Copy	Certificate of Status Certified Copy (Additional Copy	
Mailing Address Street Address					
Amendment Section Amendment Section	Amendment Section		Amendr	nent Section	
Division of Corporations Division of Corporations Division of Corporations					
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle					

Tallahassee, FL 32301

141200011104000141

Articles of Amendment to Articles of Incorporation

CASA SIERRA RESTAURANT & OBSESSION NIGHT CLUB INC

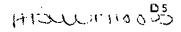
(Name of Corporation as currently filed with the Florida Dept. of State)

P13000051145

(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:

nter new principal office address, if applicable:	7920 N. ARMENIA AVE
cipal office address <u>MUST BE A STREET ADDRESS</u>)	TAMPA, FL 33604
nter new mailing address, if applicable: ailing address MAY BE A POST OFFICE BOX	7920 N. ARMENIA AVE
	TAMPA, FL 33604
mending the registered agent and/or registered offic	TAMPA, FL 33604
amending the registered agent and/or registered office a w registered agent and/or the new registered office a Name of New Registered Agent	TAMPA, FL 33604



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.

X Change	PT John D	loe	
X Remove	V Mike J	ones	
X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	Title	Name	Address
1) Change			
Add			
Remove		•	
2) Change		,	
Add			
Remove		·	
3) Change	·		
Add			
Remove			
4)Change			
Add			
Remove			·
5) Change		,	
Add			
Remove			
6) Change	·		
Add			
Remove			

	dding additional Art sheets, if necessary).	(Be specific)			
				<u>.</u>	
				: :	
				·····	
· · · · · · · · · · · · · · · · · · ·					
	_				<u>-</u>
					
					
				<u>., </u>	
			· · · · · · · · · · · · · · · · · · ·		
					
			· · · · · · · · · · · · · · · · · · ·		
					
•					
	mplementing the am	enange, reclassific	ation, or cancenat intained in the ame	ndment itself:	•
an amendment	indicinenting inc au				
provisions for it	icable, indicate N/A)				
orovisions for it	icable, indicate N/A)				
provisions for it	icable, indicate N/A)				
an amendment provisions for it (if not applie	icable, indicate N/A)				
orovisions for it	icable, indicate N/A)				
orovisions for it	icable, indicate N/A)				
orovisions for it	icable, indicate N/A)				
orovisions for it	icable, indicate N/A)				
orovisions for it	icable, indicate N/A)				
orovisions for it	icable, indicate N/A)				

The date of each amendment	08/01/2013	, if other than th			
date this document was signed	te this document was signed.				
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)				
Adoption of Amendment(s)	(CHECK ONE)				
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.				
	re approved by the shareholders through voting groups. The following statement ed for each voting group emitled to vote separately on the amendment(s):				
"The number of votes	s cast for the amendment(s) was/were sufficient for approval				
by	(voting group)				
. —	(voting group)				
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder				
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder				
Dated 08	/01/2013				
Signature	Astnd Orruela.				
Se	By a director, president or other officer—if directors or officers have not been elected, by an incorporator—if in the fiands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	_			
	ASTRID ORJUELA				
	(Typed or printed name of person signing)				
	PRESIDENT				
	(Title of person signing)				