

PO1000116895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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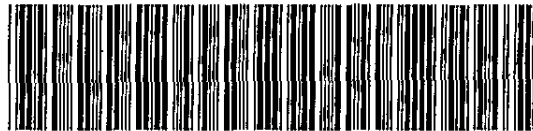
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

o/p Resig

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: _____

DOCUMENT NUMBER: PO1000116895

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

Please return all correspondence concerning this matter to the following:

Juan Alvarez

(Name of Person)

Comida Tropical, Inc.

(Name of Firm/ Company)

1399 North Military Tr

(Address)

West Palm Beach, Florida 33409

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Gilbert Labrada

(Name of Person)

at

(646) 2085940

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
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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

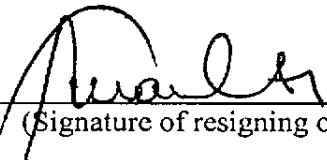
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION

I, Juan Alvarez hereby resign as
(Title) Director of Comida Tropical, Inc. (Name of Corp.) a
corporation organized under the laws of the State of Florida and affirm that the corporation has
been notified in writing of the resignation.

Dated at 1399 E. Military Tr., W.P.B., FL 33409, this 17 of
June, 2004.

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA


(Signature of resigning officer/director)