

PO 20000010422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

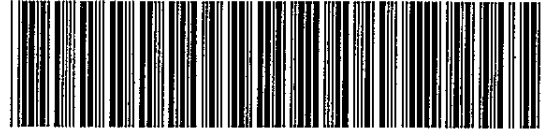
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500042701335

11/15/04--01027--005 **35.00

FILED
04 NOV 15 PM 12:26
CLERK OF STATE
TALLAHASSEE, FLORIDA

men
11/15/04

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: NATIVE COLOMBIAN RESTAURANT, INC

DOCUMENT NUMBER: P02000020422

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

Please return all correspondence concerning this matter to the following:

JOHN S. MOLLOY

(Name of Contact Person)

(Firm/ Company)

981 SW 8 ST

(Address)

MIAMI, FL 33130

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

MANUEL MUNOZ

(Name of Contact Person)

at (305) 300-6837

(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 &
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
409 E. Gaines Street
Tallahassee, FL 32399

Articles of Amendment
to
Articles of Incorporation
of

NATIVE COLOMBIAN RESTAURANT, INC.

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

P02000020422

(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:

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

ARTICLE IX: CONRADO GAVIRIA RESIGNS AS PRESIDENT AND DIRECTOR.

JOHN S. MOLLOY IS NAMED PRESIDENT.

CONRADO GAVIRIA RESIGNS AS REGISTERED AGENT. JOHN S. MOLLOY, OF 981 SW 8 ST,
MIAMI, FL 33130, IS NAMED NEW REGISTERED AGENT.

(Attach additional pages if necessary)

If an amendment provides for 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)

SHARES OWNERSHIP AS FOLLOWS: JOHN S. MOLLOY: 100%

(continued)

FILED
04 NOV 15 PM 12:27
CLERK OF STATE
TALLAHASSEE, FLORIDA

The date of each amendment(s) adoption: NOVEMBER 5, 2004

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- ☐ The amendment(s) was/were approved 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.

Signed this 5TH day of NOVEMBER, 2004

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)

CONRADO GAVIRIA

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

FILING FEE: \$35

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation:

Native Colombian Restaurant Inc

2. The name and address of the registered agent and office is:

John S. Molloy
981 SW 8th Street
Miami, FL 33130

SIGNATURE

John Molloy

TITLE

PRESIDENT

DATE

11-05-04

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT. OR IF THIS DOCUMENT IS BEING FILED MERELY TO REFLECT A CHANGE IN THE REGISTERED OFFICE ADDRESS, I HEREBY CONFIRM THAT THE CORPORATION HAS BEEN NOTIFIED IN WRITING OF THIS CHANGE.

SIGNATURE

John Molloy

DATE

11-05-04