

UM:

Division of Corporations

PRX:00

Feb. 20 2008 02:27PM P1

Page 1 of 1

PO 2000057683

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : PIERRE AND ASSOCIATES LLC
Account Number : I20050000192
Phone : (561) 266-5757
Fax Number : (561) 266-8531

COR AMND/RESTATE/CORRECT OR O/D RESIGN

DELUX RESTAURANT, INC.

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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S. Ouellette FEB 21 2008

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DELUXE RESTAURANT INC.

DOCUMENT NUMBER: PO 2000051683

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

Please return all correspondence concerning this matter to the following:

FRITZNER ALTIDOR

(Name of Contact Person)

(Firm/ Company)

2311 10th AVE North

(Address)

LAKE WORTH, FL 33461

(City/ State and Zip Code)

For further information concerning this matter, please call:

CHARLES PIERRE

(Name of Contact Person)

at (561) 266-5757

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

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☐ \$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

Articles of Amendment
to
Articles of Incorporation
of

DELUX RESTAURANT, INC.

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

PO2000057683

(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)**

ADD AS DIRECTOR:

ULYSSE LOUIGENE

9161 REED DRIVE

PALM BEACH GARDENS, FL 33410

08 FEB 21 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

(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)

(continued)

FROM :

FAX NO. :

Feb. 20 2008 06:28PM P4

The date of each amendment(s) adoption: FEB 18, 2008

Effective date if applicable: FEB 18, 2008
(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.

Signature

F. Altidor
(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)

FRITZNER ALTIDOR

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE: \$35