

P03000066111

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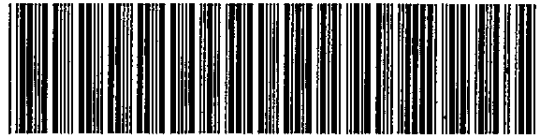
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Amen

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: EL ESCONDITE CAFE INC

DOCUMENT NUMBER: P03000066111

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

Please return all correspondence concerning this matter to the following:

HECTOR PONCE

(Name of Contact Person)

(Firm/ Company)

632 E. VINE STREET

(Address)

KISSIMMEE FL 34743

(City/ State and Zip Code)

For further information concerning this matter, please call:

HECTOR PONCE

(Name of Contact Person)

at (407) 414-2974

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**Articles of Amendment
to
Articles of Incorporation
of**

EL ESCONDITE CAFE INC

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

P03000066111

(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**)

ART VII ADD OFFICER NAME : HECTOR PONCE - TITLE : PRESIDENT

ADRESS : 606 ROBIN LN KISSIMMEE FL 34759

DELETE : NURY AMPARO ARCILA (VP)

DELETE : LUIS OSWALDO ARCILA

THE NAME OF THE REGISTERED AGENT IS

HECTOR PONCE

606 ROBIN LN KISSIMMEE FL 34759

(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)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

The date of each amendment(s) adoption: 12-20-2005

Effective date if applicable: 12-20-2005
(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 Luis Oswaldo Arce
(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)

Luis OSWALDO ARCE
(Typed or printed name of person signing)

President
(Title of person signing)

FILING FEE: \$35

Kissimmee December 20, 2005

I, HECTOR PONCE hereby accept the appointment as registered agent of EL
ESCONDITE CAFÉ INC and agree to act in this capacity.

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, of 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.

Hector Ponce

SIGNATURE REGISTERED AGENT

12/20/05

DATE