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TALLAHASSEE, FLORIDA

Amend, (1) 5/10

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION:DO	NA GOYA-CUBAN CAFETE	ERIA, INC.
DOCUMENT NU	MBER:	P03000095866	*****
The enclosed Artica	les of Amendment and fee	are submitted for filing.	
Please return all con	rrespondence concerning t	his matter to the following:	
_		DARMIS SANCHEZ	
		Name of Contact Person	·
_	DONA GO	YA-CUBAN CAFETERIA, INC.	
		Firm/ Company	
_	522	2 JOEL BLVD, UNIT A	
		Address	
	·		
_	—— <i>"—</i>	IGH ACRES, FL 33972	
		City/ State and Zip Code	
	TAXSERVICE	ES2010@HOTMAIL.COM	
	E-mail address: (to be us	sed for future annual report notification)	
For further information	tion concerning this matter	r, please call:	
IDAI	RMIS SANCHEZ		68-0580
Name o	of Contact Person	Area Code & Daytime Tel	ephone Number
Enclosed is a check	for the following amount	made payable to the Florida Depart	tment of State:
☑ \$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 Ad		Street Address	
Amendment Section		Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circl	e

Tallahassee, FL 32301

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

DONA GOYA-CUBAN CAFETERIA, INC.

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

P03000095866

A. If amending name, enter the new name	of the corporation	<u>u</u>
	N/A	The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or t name must contain the word "chartered," "p	n the word "corpo he designation "Con rofessional associat	oration," "company," or "incorporated" or the orp," "Inc," or "Co". A professional corporation tion," or the abbreviation "P.A."
B. Enter new principal office address, if a (Principal office address MUST BE A STRE		N/A
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)		N/A
D. If amending the registered agent and/onew registered agent and/or the new re		
new registered agent and/or the new re	gistered office addr	
Name of New Registered Agent:	gistered office addr	ress:

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>VP</u>	GERARDO RODRIGUEZ	P.O. BOX 1599 LEHIGH ACRES, FL 33970	_ ☑ Add _ □ Remove
			□ Add □ Remove
			
(allach a	dditional sheets, if necessary). (Be spe	cific)	
provisi	mendment provides for an exchange, r	eclassification, or cancellation of i if not contained in the amendmen	ssued shares, t itself:
	not applicable, indicate N/A)	, , , , , , , , , , , , , , , , , , , ,	٠
N/A	<u> </u>		

The date of each amendmen	t(s) adoption: 08/02/2010
Effective date if applicable:	08/02/2010 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/w	ere adopted by the shareholders. The number of votes cast for the amendment(s) vere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statemented for each voting group entitled 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)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder
	pointed fiduciary by that fiduciary)
	IDARMIS SANCHEZ
	(Typed or printed name of person signing)
	PRESIDENT
••	(Title of person signing)