

PO5000034546

(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



900062243999

12/19/05--01026---015 **35.00

FILED
05 DEC 19 AM 9:24
CLERK OF STATE
TALLAHASSEE, FLORIDA

Amend

T BROWN DEC 30 2005

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MAMBO'S CUBAN AMERICAN RESTARAUNT & DELI, INC.

DOCUMENT NUMBER: P05000034546

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

Please return all correspondence concerning this matter to the following:

BERTA ALBERNA

(Name of Contact Person)

MAMBO'S CUBAN AMERICAN RESTARAUNT & DELI, INC.

(Firm/ Company)

4716 DEL PRADO BLVD.

(Address)

CAPE CORAL, FL 33904

(City/ State and Zip Code)

For further information concerning this matter, please call:

P. Michael Villalobos, Esq.

(Name of Contact Person)

at (239) 540-0466

(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
Chilton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO
ARTICLES OF INCORPORATION OF
MAMBO'S CUBAN AMERICAN RESTAURANT & DELI, INC.

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Acceptance of Registered Agent:

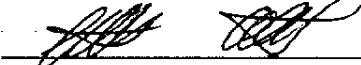
ARTICLE V

The name and Florida street address of the Registered Agent is:

Berta Alberna
4716 Del Prado Boulevard
Cape Coral, Florida 33904

Having Been named as Registered Agent and to accept service of process for the above stated corporation at the place designated in hereinabove, I hereby accept the appointment as Registered Agent 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 date.

Signature: _____


Berta Alberna, Registered Agent

SECOND: Amendment adopted:

ARTICLE VII

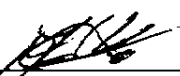
The names of the officer(s) and/or director(s) of the corporation is/are:

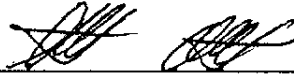
Berta Alberna, President/Secretary
4716 Del Prado Boulevard
Cape Coral, Florida 33904

MAMBO'S CUBAN AMERICAN RESTAURANT & DELI, INC.


Pedro Alberna, President


Caridad Garcia, Secretary


Adalberto Garcia, Vice-President


Berta Alberna, Treasurer

FILED
05 DEC 19 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The date of each amendment(s) adoption: 12/15/05

Effective date if applicable: 10/15/05
(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  
(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)

BERTA ALBERNA 
(Typed or printed name of person signing)

DIRECTOR
(Title of person signing)

FILING FEE: \$35