P0500007004/

(Requestor's	s Name)
(Address)	
(Address)	
(City/State/Z	(ip/Phone #)
PICK-UP V	VAIT MAIL
(Business E	ntity Name)
(Document Number)	
Certified Copies Ce	ertificates of Status 💯 🙏 🔻
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09 AUG 17 AM 8: 28

Ameria Newis 8-18-09

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: El Rin	concito cafe' I	nc .
DOCUMENT NU	MBER: <u>P05000</u>	070041	
The enclosed Artic	les of Amendment and fee a	re submitted for filing.	
Please return all co	rrespondence concerning thi	s matter to the following:	
-	Alexand	er A. Roiz ame of Contact Person	
-	El RINCOI	NCITO CAFE INC Firm/Company	
-	10930 West	Flagles St # 3	310
		ten Fl 33179 ity/ State and Zip Code A d for future annual report notification)	
For further informa	E-mail address: (to be use tion concerning this matter,	•	
		at (<u>786</u>) <u>306</u> -	- 7374
		ade payable to the Florida Depa	
□ \$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 Amendmen Division of P.O. Box 63 Tallahassee	t Section Corporations 327	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Cir	cle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 23, 2009

ALEXANDER A. RUIZ EL RINCONCITO CAFE, INC. 10930 WEST FLAGLER STREET, SUITE 310 SWEETWATER, FL 33174

SUBJECT: EL RINCONCITO CAFE, INC.

Ref. Number: P05000070041

We have received your document for EL RINCONCITO CAFE, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

The document must be signed by an officer/director.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 309A00025357

RECESTVES
2009 AUG 17 AM 8: 00
SECRETARY OF STATE
TARRESSEE FLORIDA

Articles of Amendment to Articles of Incorporation of

FILED

El Rinconcito CAFE	Inc. 09 AUG 17 AM 8:28
(Name of Corporation as currently filed with t	the Florida Dept. of State) SUCRETARY OF STATE
PO 50000 700 41	ALLAHASSEE, FLORIDA
(Document Number of Corporati	on (if known)
cursuant to the provisions of section 607.1006, Florida Statute mendment(s) to its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following
. If amending name, enter the new name of the corporation	<u>n:</u>
	The new
ame must be distinguishable and contain the word "corp bbreviation "Corp.," "Inc.," or Co.," or the designation "Co ame must contain the word "chartered," "professional associa	orp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable:	Orestes Monteslier
Principal office address <u>MUST BE A STREET ADDRESS</u>)	10930 w plaglee st
,	Soite #310 sweet water F(33174
Enter new mailing address, if applicable:	sweet water fl 33174
(Mailing address MAY BE A POST OFFICE BOX)	
	Same.
. If amending the registered agent and/or registered office	address in Florida, enter the name of the
new registered agent and/or the new registered office add	Iress:
Name of New Registered Agent: ORestes	: Monteslier
10930 W	da street address)
	·
Sweata	vaten , Florida <u>F/33174</u> (Zip Code)
(City)	(Zip Code)
lew Registered Agent's Signature, if changing Registered A	gent:
hereby accept the appointment as registered agent. I am fami	
Signalure of New	Registered Agent, if changing

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
₽	Orestes Konteslier	10930 w flagler 3/ Soite # 310 Sweetwater pl 3311	_ ∑ Add _ ☐ Remove
<u>p</u>	Alexander A. Duiz	Sweet water \$1 3377	_ □ Add □ ☑ Remove
			Add ,
	ding or adding additional Articles, enter		
ARTI	cle VI - Delete Alex	Landon A Rviz (AS	president
	Add Opeste Mon-		•
	cle III - Add 500	•	
	nteslier.) Jiiu De 2 / 0 (0)	<i>5.</i> C
	Mesilen.		
			· · · · · · · · · · · · · · · · · · ·
			·
provisi	mendment provides for an exchange, reions for implementing the amendment if not applicable, indicate N/A)		
		,	···
	<u> </u>		
<u> </u>			

The date of each amendment(s	adoption: <u>7/13/8 9</u>
mone at the state	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(1	voting group)
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder
Dated	8/10/09
Signature	ALTONICO
	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court
	nted fiduciary by that fiduciary)
•	Alexanden A. RUIZ (Typed or printed name of person signing)
	President (Title of person signing)
	(Title of person signing)