

PO5000128684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

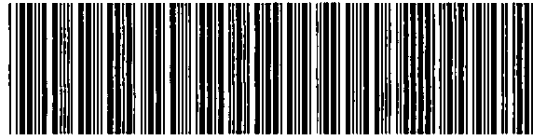
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600157245156

06/26/09--01048--003 **35.00

FILED

2009 JUN 26 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

TB

6/30/09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: EL PORTAL RESTAURANT/CAFETERIA, INC.

DOCUMENT NUMBER: P05000128684

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

Please return all correspondence concerning this matter to the following:

JAY ROMERO

Name of Contact Person

WILLIAMS&MORRIS, P.A.

Firm/ Company

6625 MIAMI LAKES DRIVE

Address

HIALEAH, FL 33014

City/ State and Zip Code

WILLIAMSMORRISPA@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAY ROMERO

Name of Contact Person

at (786)

256-6615

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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 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

FILED
2009 JUN 26 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

(Document Number of Corporation (if known))

A. If amending name, enter the new name of the corporation:

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

D. 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 address:

Name of New Registered Agent: **ELKIN GUERRA**

5395 WEST 20TH AVENUE

New Registered Office Address: (Florida street address)

HIALEAH, Florida **FL 33012**
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature 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>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>ELKIN GUERRA</u>	<u>5395 WEST 20TH AVENUE</u> <u>HIALEAH, FL 33012</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>VP</u>	<u>BLANCA C. RODRIGUEZ</u>	<u>5395 WEST 20TH AVENUE</u> <u>HIALEAH, FL 33012</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>P</u>	<u>CLARA FLOREZ</u>	<u>5395 WEST 20TH AVENUE</u> <u>HIALEAH, FL 33012</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an 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)

The date of each amendment(s) adoption: 06/25/2009
(date of adoption is required)

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☒ The amendment(s) was/were adopted 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):*

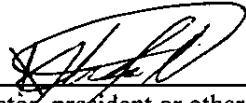
"The number of votes cast for the amendment(s) was/were sufficient for approval

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.

Dated 6/25/2009

Signature  CLARA FLOREZ
(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)

FORMER PRESIDENT
(Typed or printed name of person signing)

CLARA FLOREZ
(Title of person signing)