

P06000069773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

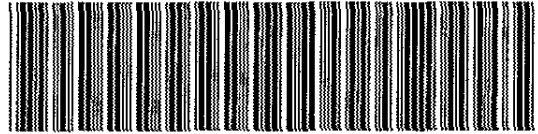
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/10/06--01027--020 **25.00

08/21/06--01003--002 **10.00

*NY
Amend*

FILED
06 AUG 21 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts AUG 24 2006



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 18, 2006

JUAN GARCIA
THE TAXMASTER OF BVL INC
1240 SIMPSON RD
KISSIMMEE, FL 34744

SUBJECT: RINCON LATINO RESTUARANT INC.OF CENTRAL FLORIDA
Ref. Number: P06000069773

We have received your document for RINCON LATINO RESTUARANT INC.OF CENTRAL FLORIDA and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file your document is \$35.

There is a balance due of \$10.00.

It appears that you completed the wrong form.

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

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) 245-6892.

Jana Roberts
Document Specialist

Letter Number: 606A00045879

RECEIVED
06 AUG 13 10:06 AM
DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Rincon Latino Restaurant Inc. Oklawaha
Florida.

DOCUMENT NUMBER: PO600069773

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

Please return all correspondence concerning this matter to the following:

JUAN GARCIA.
(Name of Contact Person)

THE TAXMASTER BUL
(Firm/ Company)

1240 Simpson
(Address)

Kissimmee FL 34754
(City/ State and Zip Code)

For further information concerning this matter, please call:

JUAN GARCIA at (407) 344-1040
(Name of Contact Person) (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

FILED

06 AUG 21 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Rincon Latino Restaurant Inc. of Central Florida
(Name of corporation as currently filed with the Florida Dept. of State)

P0600069773
(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):

Rincon Latino Restaurant Inc. of Central Florida
(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)**

Add VP - Rosi Rodriguez DOB 5/18/1982 SSN# 706-72-2087
address is 426 Brokenridge Cir S.E. Palm Bay, FL 32909

Business New Address Correction 3404 W. Vine St. Kissimmee, FL 34741

President - New Address # → 426 Brokenridge Cir S.E. Palm Bay
FL 32909

(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)

The date of each amendment(s) adoption: 7/8/2006

Effective date if applicable: _____
(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

Rosi Rodriguez

(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)

Rosi Rodriguez

(Typed or printed name of person signing)

Vice-President

(Title of person signing)

FILING FEE: \$35