P06000123572

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TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION:	Don Davis Steakhouse, C	orp.
DOCUMENT NU	MBER:	P06000123572	
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:	
		Lisa Capote	
	N	ame of Contact Person	
_	Arra	astia & Capote, LLP	
		Firm/ Company	
	80 SV	V 8 Street, Suite 2310	
		Address	
	Mi	ami, Florida 33130	
•		ity/ State and Zip Code	
	•		
	E-mail address: (to be use	d for future annual report notification)	
For further informa	ation concerning this matter,	please call:	
	Lisa Capote	at	71-5680
Name	of Contact Person	Area Code & Daytime Tel	ephone Number
Enclosed is a check	k for the following amount n	nade payable to the Florida Depar	tment of State:
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address		Street Address	
Amendment Section		Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circ	le
a parameter of a set of the A. I		Tallahassee, FL 32301	- -

Articles of Amendment Articles of Incorporation

Don Davis Steakhouse, Corp. (Name of Corporation as currently filed with the Florida Dept. of State) P06000123572 (Document Number of Corporation (if known)

Pursuant to the provisions of section 607.10 amendment(s) to its Articles of Incorporation		rida Profit Corporation adopts the follo
A. If amending name, enter the new name	of the corporation:	
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or t name must contain the word "chartered," "p	he designation "Corp," "Inc,"	or "Co". A professional corporation
B. Enter new principal office address, if a (Principal office address MUST BE A STRI		
C. Enter new mailing address, if applicabe (Mailing address MAY BE A POST OF)		
D. If amending the registered agent and/o new registered agent and/or the new re		Florida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street ad	dress)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if char I hereby accept the appointment as registere		ed 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>	Name	Address	Type of Action
STD	Miguel Angel Ferretjans	11409 SW 4 Street Miami, Florida 33174	☐ Add ☐ Remove
STD	Davis Machado	231 NW 109 Avenue Number 103 Miami, Florida 33172	
			Add Remove
	ding or adding additional Articles, exact distributional sheets, if necessary). (Be specified the specified of the specified		
provis	mendment provides for an exchange, ions for implementing the amendmen not applicable, indicate N/A)		
<u> </u>			

The date of each amendmen	t(s) adoption: October 1, 2010
Effective date if applicable:	October 1, 2010 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) rere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed 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)
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
Dated_Oct	ober 1, 2010
Signature _	y a director, president or other officer – if directors or officers have not been
	ected, by an incorporator – if in the hands of a receiver, trustee, or other court
	pointed fiduciary by that fiduciary)
	Davis Machado
	(Typed or printed name of person signing)
	Secretary, Treasurer, Director
	(Title of person signing)