

8/20/2014

P06000125493

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : JELEN ACCOUNTING SERVICES, INC

Account Number : I20120000052

Phone : (305) 591-9180

Fax Number : (305) 591-9167

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

14 AUG 21 AM 9:53

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COR AMND/RESTATE/CORRECT OR O/D RESIGN
SOUTH BEACH CAFETERIA & RESTAURANT, INC.

Certificate of Status	0
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Page Count	05
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14 AUG 21 AM 7:51

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

C. LEWIS
AUG 29 2014
EXAMINER

Articles of Amendment
to
Articles of Incorporation
of

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
15 AUG 21 AM 9:53

SOUTH BEACH CAFETERIA & RESTAURANT INC

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

P06000125493

(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:

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

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

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

MANUEL SALAZAR SUAREZ

625 WASHINGTON AVE

(Florida street address)

New Registered Office Address:

MIAMI BEACH

(City)

Florida

33139

(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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

☒ Change PT John Doe
☒ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	DPT	GABRIELA S VEGA	16550 NW 20TH ST PEMBROKE PINES, FL. 33
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	DPT	MANUEL SALAZAR SUAREZ	625 WASHINGTON AVE MIAMI BEACH, FL. 33139
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	VS	GABRIELA S VEGA	625 WASHINGTON AVENUE MIAMI BEACH, FL. 33139
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

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1. The first step is to identify the problem. This involves understanding the current situation and what needs to be achieved.

2. Next, you need to set clear goals and objectives. These should be specific, measurable, achievable, relevant, and time-bound (SMART).

3. Then, you should develop a plan of action. This involves identifying the steps you need to take to achieve your goals.

4. After that, you need to implement the plan. This involves putting your plan into action and monitoring progress.

5. Finally, you should evaluate the results. This involves assessing whether you have achieved your goals and what you can learn from the experience.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

The date of each amendment(s) adoption: 11 AUG 21 AM 9:53 if other than the date this document was signed.

Effective date if applicable: 08/20/2014
(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):

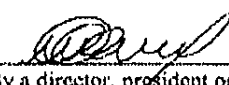
"The number of votes cast for the amendment(s) was/were sufficient for approval

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 08/20/2014

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)

MANUEL SALAZAR SUAR

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)