Page 1 of 1

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000254050 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

Account Name : EXECUTIVE CORPORATE FILING, INC.

Account Number : 120070000059 Phone : (305) 670-3110 Fax Number : (305) 670-2055

COR AMND/RESTATE/CORRECT OR O/D RESIGN

CAFETERIA EL PAISA MINI-MARKET AND PAYMENT CENTER IN

90 :	TONOT.
AL.	L K.
407	C. Lake
2	A S.
-	1 3
♀	1 22.4

[

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

(((H08000254050)))

Articles of Amendment to Articles of Incorporation of

CAFETERIA EL PAISA MINI-MARKET AND PAYMENT CENTER INC. (Name of Corporation as currently filed with the Florida Dept. of State) P06000148448 (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: New Registered Office Address: (Florida street address) Florida (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

•

(((H08000254050)))

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
<u>v</u>	CLAUDIA Y MEJIA	3932 NW 58 CT VIRGINIA GARDENS, FL 33166	
	·		Add Remove
	<u> </u>		
	additional sheets, if necessary). (Be s		
provis	mendment provides for an exchange, ions for implementing the amendmen not applicable, indicate N/A)	reclassification, or cancellation of iss t If not contained in the amendment i	ued shares, tself:

	(((H08000254050)))
The date of each amendmen	t(s) adoption: NOVEMBER 11, 2008
Effective date if applicable:	
	(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) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement and 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)
, <u>-, -, -, -, -, -, -, -, -, -, -, -, -, -</u>	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
DatedSignature	Bin III
(By a	director, president or other officer — If directors or officers have not been sed, by an imporporator — if in the hands of a receiver, trustee, or other court cointed fiduciary by that fiduciary)
	BISMARCK GONZALEZ SR
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

Page 3 of 3