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DIVISION OF CORPORATIONS

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ON: MARA	AYA RESTAURANT COR	PORATION	
DOCUMENT NUMBER:	MENT NUMBER: P06000153660			
The enclosed Articles of Ar	mendment and fee a	re submitted for filing.		
Please return all correspond	lence concerning thi	s matter to the following:		
		IVAN PAMPILLO ame of Contact Person		
	14	ame of Comact reison		
	SMART ACC	OUNTING SOLUTIONS INC		
		Firm/ Company		
	8204 CRYSTAL CLEAR LN SUITE 1000			
		Address		
	OR	LANDO, FL 32809		
્રાહ્યું		ty/ State and Zip Code		
——————————————————————————————————————	mail address: (to be used	for future annual report notification)		
For further information con	cerning this matter,	please call:		
LIVAN PA	MPILLO	at (407)8	16-9904	
Name of Contac	Person	Area Code & Daytime Tel		
Enclosed is a check for the	following amount m	ade payable to the Florida Depar	tment of State:	
	.75 Filing Fee & tificate 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 Circl	e	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MARAYA RESTAURANT CORPORATION

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

3660
Corporation (if known)
a Statutes, this Florida Profit Corporation adopts the fo
poration:
The ne
d "corporation," "company," or "incorporated" or the tion "Corp," "Inc," or "Co". A professional corporation lassociation," or the abbreviation "P.A."
N/A RESS)
) <u>N/A</u>
d office address in Florida, enter the name of the fice address:
(Florida street address)
(City) (Zip Code)
tered Agent: am familiar with and accept the obligations of the position of New Registered Agent, if changing
d title

Page 1 of 3

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removed ar	g the Officers and/or Directors, enter nd title, name, and address of each O litional sheets, if necessary)		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u> </u>	VIOLETTE HADDAD	2724 BARTLET DR KISSIMMEE, FL 34741	
<u>P</u>	GHASSAN A HADDAD	2724 BARTLET DR KISSIMMEE, FL 34741	
<u>VP</u>	EDWIN G AYACHE	4074 KIAWA DR ORLANDO, FL 32837	
	ding or adding additional Articles, end ditional sheets, if necessary). (Be sp		
provisio	nendment provides for an exchange, ons for implementing the amendment of applicable, indicate N/A)		
N/A		,	
		,	

The date of each amendmen	
Effective date <u>if applicable</u> :	(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(stere 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)
	(1.211.9.9.4.17)
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.	ere adopted by the incorporators without shareholder action and shareholder
Dated_05/2	3/2011
Signature <u></u>	Whooldad
sele	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)
	VIOLETTE HADDAD
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)