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SECRETARY OF STATE
FALL AHASSEE, FLORID

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SABOR	NICA RESTAURANT CORPORATION
DOCUMENT NUMBER: P070000477	97
The enclosed Articles of Amendment and t	ee are submitted for filing.
Please return all correspondence concernin	g this matter to the following:
Joseph Villate	
(N	ame of Contact Person)
Villate, CPA	
	(Firm/ Company)
454 NW 22 Avenue, S	TE 209
	(Address)
Miami, FL 33125	
(C	ity/ State and Zip Code)
For further information concerning this ma	tter, please call:
Joseph Villate	at (305) 541-4714
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amou	int:
✓ \$35 Filing Fee \$\times \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) 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

SABOR NICA RESTAURANT CORPORATION	<u> </u>
(Name of corporation as currently filed with the Florida Dept. of State)	CRETA
	ASS = r
P07000047797	
(Document number of corporation (if known)	PH 2
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit C	~~~~ `••
adopts the following amendment(s) to its Articles of Incorporation:	om f
NEW CORPORATE NAME (if changing):	
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc (A professional corporation must contain the word "chartered", "professional association," or the abbreviation (Must contain the word "chartered", "professional association," or the abbreviation (Must contain the word "chartered").	
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Artic	le Number(s)
and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)	
Lilliana G. Oviedo shall now be added as Vice-President of the	e
company.	
Lilliana G. Oviedo's post office address shall be: 49 N.W. 12 AVENUE	
No.	
MIAMI FL 33128	
(Attach additional pages if necessary)	
If an amendment provides for exchange, reclassification, or cancellation of issued sha	ares provisions
for implementing the amendment if not contained in the amendment itself: (if not applied	

(continued)

The date of each amendment(s) adoption: 6/5/07
Effective date if <u>applicable</u> : 6/5/07
(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 as shareholder action was not required.
Signature July Carbulle
(By 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)
JULIO D CARBALLO
(Typed or printed name of person signing)
President
(Title of person signing)

FILING FEE: \$35