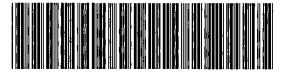
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14 SEP 30 PH 2: 27

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TO: Amendment Section

Division of Corp	orations					
NAME OF CORPO	_{RATION:} Don Ignaci	o Culinary Arts S	School, Inc			
DOCUMENT NUM	BER: P0700006471	8				
	of Amendment and fee are su					
Please return all corre	spondence concerning this ma	itter to the following:				
	Ezer Tossas					
		Name of Contact Person	n			
	Don Ignacio Culinary Arts School, Inc					
	Firm/ Company					
	10395 NW 41 St Street Ste 125					
	Address					
	Miami, FI 33178					
		City/ State and Zip Cod	e			
eto	ssas@sanignacio	college.edu				
		sed for future annual report	notification)			
For further informatio	n concerning this matter, pleas	se call:				
Ezer Tossas		_{at (} 917	856-3385			
Name	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	urtment of State:			
□ \$35 Filing Fee	S43.75 Filing Fee & Certificate 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			Address ment Section			
Division of Corporations		Division of Corporations				
P.O. Box 6327		Clifton Building				

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of



Don Ignacio Culinary Arts School, Inc

14 SEP 30 PM 2: 27

(Name of Corporation as	currently filed with the	Florida Dept. of State)		
P07000064718				
(Documen	nt Number of Corporation ((if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation ado	pts the following	; amendment(s) to
A. If amending name, enter the new na	ame of the corporation:			
N/A				The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corporati		
B. Enter new principal office address, (Principal office address MUST BE A S	if applicable:	N/A		
	/	-		
C. Enter new mailing address, if appliance (Mailing address MAY BE A POST)		N/A		
D. If amending the registered agent an new registered agent and/or the new			of the	
Name of New Registered Agent				
	(Florida st	reet address)		
New Registered Office Address:	N/A	, Florida		
	(City))	(Zip Code)	
New Registered Agent's Signature, if c			of the position.	
Siz	gnature 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.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	DS	Juvenal A. Azcuy	10395 NW 41 St Street
Add			Ste 125, Miami, FI , 33178
Remove			
2) Change	VDS	Ezer Tossas	10395 NW 41 St Street
Add			Ste 125, Miami, FI , 33178
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	**************************************		
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
To amend section 5 of the Articles II of the Bylaws:
Article II Directors:
Section 5 Number: Don Ignacio Culinary Arts School, Inc will have five directors and
authorize directors and managers to submit this amendment to the Florida Department
of State for approval.
•
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

• • • • • • • • • • • • • • • • • • • •			
The date of each amendment(s) adoption:	THE SUBBLIAN WASION OF C	EU Y OF MATE Y OF MATERIA	_, if other than th
date this document was signed.			
Effective date if applicable:	14 SEP 30		
(no more tha	in 90 days after amendment file do	ate)	
Adoption of Amendment(s) (CHECK ONE)			
The amendment(s) was/were adopted by the shareholders. by the shareholders was/were sufficient for approval.	The number of votes cast for the a	nmendment(s)	
The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitled			
"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 direct action was not required.	tors without shareholder action and	d shareholder	
The amendment(s) was/were adopted by the incorporators vaction was not required.	without shareholder action and sha	areholder	
Dated 9/16/14 Signature			
Orginature			_
(By a director, president or other of selected, by an incorporator – if in appointed fiduciary by that fiducial	n the hands of a receiver, trustee, o		
A	TOSSOS · or printed name of person signing)		
(Typed	or printed name of person signing))	
V	DS.		
	(Title of person signing)		