# P07000116875

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	-
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PALLAHASSEM LAMESTA



#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

AME OF CORPORATION: CARIDAD RESTAURANT OF ORLANDO INC.				
DOCUMENT NUMBER:		P07000116275		
The enclosed Articles of Amenda	nent and fee are submitt	ed for filing.		
Please return all correspondence	concerning this matter to	the following:		
	Osvaldo Ma		<u> </u>	
	Name of Con	tact Person		
	Firm/ Co	mpany		
	1163 S. SEMC	DRAN BLVD		
	Addro	ess		
<del></del>	Orlando F City/ State and		<del></del>	
	,			
E-mail ac	dress: (to be used for future	annual report notification)		
For further information concerning	g this matter, please cal	1:		
Osvaldo Marmol	ejos at (_	407	485-3759	
Name of Contact Person	1	Area Code & Daytime T	elephone Number	
Enclosed is a check for the follow	ing amount made payal	ole to the Florida Depa	artment of State:	
✓ \$35 Filing Fee	e of Status Ce	3.75 Filing Fee & rtified Copy dditional copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address	Stre	et Address		
Amendment Section		Amendment Section		
Division of Corporations		sion of Corporations		
P.O. Box 6327		Clifton Building		
Tallahassee FI 32314	2661	Executive Center Cir.	cle	

Tallahassee, FL 32301

### **Articles of Amendment** to **Articles of Incorporation**

of

#### CARIDAD RESTAURANT OF ORLANDO INC.

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

#### P07000116275

(Document Number of Corporation (if known)

		The new
ame must be distinguishable and contain bbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "pr	ne designation "Corp," "Inc	," or "Co". A professional corporation
3. Enter new principal office address, if ap Principal office address <u>MUST BE A STRE</u>		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF		
. If amending the registered agent and/or new registered agent and/or the new reg		n Florida, enter the name of the
Name of New Registered Agent:		· ·
	(Florida street a	address)
New Registered Office Address:		
New Registered Office Address:	(City)	, Florida (Zip Code)

Page 1 of 3

## 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>	<u>Name</u>	Address	Type of Action
VP	GISELA A. ROJAS	5937 BENT PINE DR ORLANDO FL 32822	☐ Add ☐ Remove
<u>.</u>			Add Remove
			Add Remove
	g or adding additional Articles, enter c tional sheets, if necessary). (Be specific		
provisions	ndment provides for an exchange, reclassion implementing the amendment if napplicable, indicate N/A)		

The date of each amendmen	t(s) adoption: U9/U8/2010
Effective date <u>if applicable</u> :	09/08/2010 (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(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statemen led for each voting group entitled to vote separately on the amendment(s):
"The number of votes	s cast for the amendment(s) was/were sufficient for approval
by	(voting group)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder
action was not required.  Dated 09/0	08/2010
Signature _ (B sel	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Osvaldo Marmolejos
	(Typed or printed name of person signing)
	President
	(Title of person signing)