# PO7000127136

| (Reque                       | estor's Name)  |             |
|------------------------------|----------------|-------------|
| (Addre                       | ess)           |             |
| (Addre                       | ess)           |             |
| (City/S                      | tate/Zip/Phon  | e #)        |
| PICK-UP                      | ☐ WAIT         | MAIL        |
| (Busin                       | ess Entity Nar | me)         |
| (Docur                       | ment Number)   |             |
| Certified Copies             | Certificates   | s of Status |
| Special Instructions to Fili | ng Officer:    |             |
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2009 DEC 18 PM 4: 26

12/21/09



### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 18, 2009

RAUL ROJAS CASA ROJAS CUBAN BAKERY NO 111, INC. 1939 DEL PRADO BLVD SOUTH CAPE CORAL, FL 33990

SUBJECT: CASA ROJAS CUBAN BAKERY NO III, INC

Ref. Number: P07000127136

We have received your document for CASA ROJAS CUBAN BAKERY NO III, INC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 809A00035871

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORI   | PORATION:                        | CASA RC           | JAS                             | CUBAN BAK  | ERY N     | lo III, INC   |
|--|----------------------------------|-------------------|---------------------------------|--|-----------|---|
| DOCUMENT NU  | MBER:                            |                   |                                 | P07000127  | 136       |   |
| The enclosed Artic   | eles of Amendme                  | nt and fee are su | ıbmitte                         | ed for filing.   |           |   |
| Please return all co   | orrespondence co                 | ncerning this ma  | atter to                        | the following:   |           |   |
|  | ,, <u>.</u>                      | <del></del>       |                                 | OJAS   |           |   |
|  |                                  | Name              | of Cont                         | act Person ·   |           |   |
| CASA ROJAS   |                                  | SA ROJAS CL       | JBAN                            | BAKERY No III,   | INC       |   |
|  |                                  | Fi                | rm/ Cor                         | npany  |           |   |
|  | 1939 DEL PRADO BLVD S            |                   |                                 |  |           |   |
|  |                                  |                   | Addre                           | SS   |           |   |
|  |                                  | CAPE C            | ORAL                            | ., FL 33990  |           |   |
| •  |                                  | <del></del>       |                                 | l Zip Code   |           |   |
|  | E-mail addre                     | me109cito332      | 21@ya<br>future a               | ahoo.com   | ion)      | <del></del>   |
| For further informa  | ation concerning                 | this matter, plea | se call                         | l:   |           |   |
|  | RAUL ROJAS                       |                   | at (                            | ·239 <u>)</u>  | 245       | -1768   |
| Name   | of Contact Person                |                   | _ \                             | Area Code & Daytin   | ne Teleph | one Number  |
| Enclosed is a checl  | k for the followin               | g amount made     | payab                           | le to the Florida D  | epartm    | ent of State:   |
| ☑ \$35 Filing Fee  | \$43.75 Filing<br>Certificate of |                   | Cer                             | .75 Filing Fee &<br>tified Copy<br>ditional copy is enclo  |           | \$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 |                                  | ·                 | Amer<br>Divis<br>Clifto<br>2661 | et Address<br>indment Section<br>ion of Corporation<br>on Building<br>Executive Center<br>hassee, FL 32301 |           |   |

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

| A         | TLED       |
|-----------|------------|
| UFT       | ·          |
| TALLAHASE | PM 5:00    |
|           | E. FLORIDE |

#### CASA ROJAS CUBAN BAKERY No III, INC

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

#### P07000127136

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following

|  |                           |  | The          |
|--|---------------------------|--|--------------|
| me must be distinguishable and contain in<br>hreviation "Corp.," "Inc.," or Co.," or the<br>me must contain the word "chartered," "pro | designation "Co           | orp;" "Inc," or "Co". A professional   |              |
| Enter new principal office address, if app<br>rincipal office address <u>MUST BE A STREE</u>   | olicable:<br>ET ADDRESS ) | 613 Lerry Arki<br>Lehigh Acres F       | ive<br>7 33  |
| Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)  |                           | The Same                               |              |
|  |                           |  | <del>_</del> |
| . If amending the registered agent and/or 1  | registered office         | address in Florida, enter the name o   | f the        |
| new registered agent and/or the new regi   |                           |  | ·            |
| Name of New Registered Agent:  |                           |  |              |
|  |                           |  |              |
|  |                           |  |              |
| New Registered Office Address:   | (Florid                   | da street address)                     |              |
| New Registered Office Address:   | (Florid                   | da street address), Florida (Zip Code) |              |

## 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              |
|----------------|--|---|-----------------------------|
| • Р            | IRAN D BAEZ  | 910 UNICE AVE N<br>LEHIGH ACRES, FL 33971                           | □ Add<br>☑ Remove           |
| <u>P</u>       | RAUL ROJAS   | 1939 DEL PRADO BLVD S<br>CAPE CORAL, FL 33990                       | ☑ Add<br>□ Remove           |
|                |  |   |                             |
|                | ding or adding additional Articles, edditional sheets, if necessary). (Be s                    | specific)   |                             |
|                |  |   |                             |
| <u>provisi</u> | mendment provides for an exchange ons for implementing the amendment applicable, indicate N/A) | e, reclassification, or cancellation of interesting in the amendmen | issued shares,<br>t itself: |
|                |  |   |                             |
|                |  |   |                             |
|                |  | -   | <del></del>                 |

| The date of each amendmen             | t(s) adoption: NOVEMBER 3rd, 2009   |
|---------------------------------------|---|
| Effective date <u>if applicable</u> : | (date of adoption is required) DECEMBER 1st, 2009   |
| •                                     | (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) vere sufficient for approval.  |
|                                       | ere approved by the shareholders through voting groups. The following statemented 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)  |
|                                       | (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                        |
| Dated NO Signature _ (B               | VEMBAR 3rD, 2009  y The for 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)  |
|                                       |   |
|                                       | RAUL ROJAS  |
|                                       | (Typed or printed name of person signing)   |
|                                       | PRESIDENT   |
|                                       | (Title of person signing)   |