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COVER LETTER

TO: Amendment Section Division of Corporations JOCELYN RESTAURANT, CORP. NAME OF CORPORATION: DOCUMENT NUMBER: PO 80000 30 335 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JOCELYN RESTAURANT
Firm/Company 1128 SW, 8th Street E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786) 287-8950

A rea Code & Daytime Telephone Number

305-305-7017 Enclosed is a check for the following amount made payable to the Florida Department of State:

Mailing Address

□ \$35 Filing Fee

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

\$43.75 Filing Fee & Certificate of Status

Street Address

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Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallaha.ssee, FL 32301

(Additional copy is enclosed)

☐ \$52.50 Filing Fee

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	,	
•	Articles of Amendment	PILED 2009 AUG -7 PM 4:11
• • • • • • • • • • • • • • • • • • • •	to Articles of Incorporation	2000
	of	AUG - 7 D
JOCELYN	RESTAURANT	CONSTANT HELI
	s currently filed with the Florida D	ept. of State) ASSEE, E. STATE
P08	000030335	LORIDA
(Docume	nt Number of Corporation (if known)	
Pursuant to the provisions of section 60 amendment(s) to its Articles of Incorporation		da Profit Corporation adopts the following
A. If amending name, enter the new na	ame of the corporation:	
		The new
name must be distinguishable and con abbreviation "Corp.," "Inc.," or Co.,"		
name must contain the word "chartered,"	" "professional association," or the	abbreviation "P.A."
B. Enter new principal office address,		
(Principal office address MUST BE A S	TREET ADDRESS)	
C. Enter new mailing address, if appli		
(Mailing address MAY BE A POST (OFFICE BOX	
•		
	. <u>-</u>	
D. If amending the registered agent and new registered agent and/or the new		orida, enter the name of the
Name of New Registered Agent:	EDUARDO LUMI	
	1128 SW, 8th.	Street
New Registered Office Address:	(Florida street addre	
	Miami	Florida 33130

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

(City)

Signature of New Registered Agent, if changing

(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>	<u>Name</u>	•	Address	Type of Action
PD	ISABEL	LOPEZ	280 SW, 20th Rd. Apt 801 Miami FC 33129	
<u>V PD</u>	JORGE Z	CULUAGA	280 SW, 20 PR. Ap.	 &o(□ Add — • Remove
PD	EDUARDO	LUMBRERA:	5 1128 SW, 8th Street Miami FL 33130	Add Remove
	nding or adding addi additional sheets, if ne			
		· · · · · · · · · · · · · · · · · · ·	<u> </u>	
provis	mendment provides ions for implementin not applicable, indica	<u>g the amendment if</u>	classification, or cancellation of is not contained in the amendment	ssued shares, itself:
 .				

	+4
The date of each amendment(s) adoption:	AUGUST 4 th , 2009 (date of adoption is required)
	(date of adoption is required)
Effective date if applicable:	ın 90 days after amendment file date)
(no more tha	in 90 days after amenament file date)
, · · · · · ·	·
Adoption of Amendment(s)	CHECK ONE)
The amendment(s) was/were adopted by by the shareholders was/were sufficient f	the shareholders. The number of votes cast for the amendment(s) or approval.
	the shareholders through voting groups. The following statementing group entitled to vote separately on the amendment(s):
"The number of votes cast for the am	endment(s) was/were sufficient for approval-
by	.,,
(voting group,	
The amendment(s) was/were adopted by t action was not required.	he board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by t action was not required.	he incorporators without shareholder action and shareholder
selected, by an inc	sident or other officer – if directors or officers have not been orporator – if in the hands of a receiver, trustee, or other court by by that fiduciary)
	SABEL LOPEZ - PD. yped or printed name of person signing)
(Title	RESIDENT.