P08000030335

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SECRETARY OF STATE AT ALLAHASSEE, FLORIDA 18: 30

Manuch 8 10 012009

TO: Amendment Section Division of Corporations

NAME OF CORP	PORATION:J	OCELYN RESTAURANT, (CORP
DOCUMENT NU	MBER:	P08000030335	
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.	
Please return all co	prespondence concerning th	is matter to the following:	
		ARDO LUMBRERAS	
	Γ	lame of Contact Person	
	JOCELY	N RESTAURANT, CORP	
		Firm/ Company	
	1	128 SW 8TH ST.	
	Address		
	. MIAMI	, FLORIDA 33130-3648	
		ity/ State and Zip Code	
<u> </u>	E-mail address: (to be use	d for future annual report notification)	
For further informa	ation concerning this matter,	please call:	
	RDO LUMBRERAS	at (786) 28	7-8950
Name	of Contact Person	Area Code & Daytime Tele	phone Number
Enclosed is a check	c for the following amount m	ade payable to the Florida Departs	ment of State:
S35 Filing Fee	☑ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ad Amendment Division of P.O. Box 63 Tallahassee,	t Section Corporations 27	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301



September 9, 2009

EDUARDO LUMBRERAS JOCELYN RESTAURANR, CORP 1228 SW 8TH ST. MIAMI, FL 33130-3648

SUBJECT: JOCELYN RESTAURANT, CORP

Ref. Number: P08000030335

We have received your document for JOCELYN RESTAURANT, CORP and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 245-6964.

Letter Number: 209A00029885

Irene Albritton
Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Articles of Amendment to Articles of Incorporation of

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09 SEP 30 My 8:30	
30 C. 20 0	À.A.
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JOCELYN RESTAURAN	II,CORP
(Name of Corporation as currently filed with	
P08000030335	
(Document Number of Corporat	
Pursuant to the provisions of section 607.1006, Florida Statut amendment(s) to its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corporatio	<u>n:</u>
TAQUERIA EL CARNAL	NO.2 CORPORATION The new
name must be distinguishable and contain the word "corp abbreviation "Corp.," "Inc.," or Co.," or the designation "C name must contain the word "chartered," "professional association of the corp."	oration," "company," or "incorporated" or the orp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable;	1128 SW 8TH ST.
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	MIAMI. FLORIDA 33130
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME AS ABOVE
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ade	
Name of New Registered Agent: STAYS THE	SAME
New Registered Office Address: (Flori	ida street address)
	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am famil	zent: iliar with and accept the obligations of the position.
Signature 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)

<u>Title</u>	Name	Address	Type of Action
			☐ Add
E. <u>If ame</u>	nding or adding additional Ar	ticles, enter change(s) here:	
(attach	additional sheets, if necessary).	(Be specific)	
19/74			
		the state of the s	
provi	amendment provides for an exsions for implementing the am foot applicable, indicate N/A)	change, reclassification, or cancell endment if not contained in the an	ation of issued shares, nendment itself:
N/A			

The date of each amendmen	it(s) adoption: 00-00-2009
	(date of adoption is required)
Effective date if applicable:	(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 statemed 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	,,
~) <u></u>	" (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_08-	30-2009
sel	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	EDUARDO LUMBERERAS
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)