

FD 8000 37407

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : DIVERSIFIED BUSINESS PRODUCTS & SERVICES, INC.
Account Number : I20130000067
Phone : (954) 990-0606
Fax Number : (888) 400-5537

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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13 NOV 20 PM 1:47

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COR AMND/RESTATE/CORRECT OR O/D RESIGN
LAS AMERICAS CAFETERIA RESTAURANT INC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 NOV 20 AM 9:14

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Attn: Rebecca
From: Evelyn 786-325-0797

NOV 21 2013

R. WHITE

These are the corrected pages.
THANK YOU!

Articles of Amendment
to
Articles of Incorporation
of

H130002557803

13 NOV 20 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LAS AMERICAS CAFETERIA RESTAURANT INC

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

P08000037407

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____ *The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

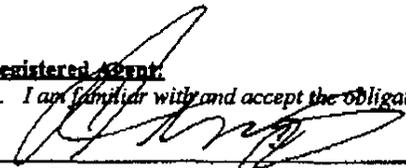
C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: AIDA L. CLAROS
850 NW18 PLACE
(Florida street address)

New Registered Office Address: MIAMI, Florida 33125
(City) (Zip Code)

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.



Signature of New Registered Agent, if changing

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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.

Example:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

1) Change P AIDA L. CLAROS 850 NW 18 PLACE
 Add _____ _____ MIAMI, FL 33125
 Remove _____ _____ _____

2) Change VP CHRISTOPHER FLORES 850 NW 18 PLACE
 Add _____ _____ MIAMI, FL 33125
 Remove _____ _____ _____

3) Change _____ _____ _____
 Add _____ _____ _____
 Remove _____ _____ _____

4) Change _____ _____ _____
 Add _____ _____ _____
 Remove _____ _____ _____

5) Change _____ _____ _____
 Add _____ _____ _____
 Remove _____ _____ _____

6) Change _____ _____ _____
 Add _____ _____ _____
 Remove _____ _____ _____

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The date of each amendment(s) adoption: NOVEMBER 19, 2013, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated NOV. 19, 2013

Signature



(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

AIDA L. CLAROS

(Typed or printed name of person signing)

VICE PRESIDENT

(Title of person signing)

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