080000068713

(Requestor's Name)
(Address)
(144,000)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Amend & N/C
TB 3/18/

COVER LETTER

TO: Amendment Section Division of Corporations

1

NAME OF CORPORATION: <u>RESTAUF</u>	RANTE LA HACIENDA. IN	NC
DOCUMENT NUMBER: P08000068	8713	
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning th	nis matter to the following:	
	JANDRO PACHECO	
Name	of Contact Person)	
(F	irm/ Company)	 _
3100 H	AWTHORNE LOT 214	
	(Address)	
	RASOTA, FL 34239 State and Zip Code)	
For further information concerning this matter	•	
ALEJANDRO PACHECO (Name of Contact Person)	at (941) 2965505 (Area Code & Daytime	Felephone Number)
Enclosed is a check for the following amount t	made payable to the Florida Depa	artment of State:
\$35 Filing Fee \$\ Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	cle



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 11, 2009

ALEJANDRO PACHECO 3100 HAWTHORNE LOT 214 SARASOTA, FL 34239

SUBJECT: RESTAURANTE LA HACIENDA INC

Ref. Number: P08000068713

We have received your document for RESTAURANTE LA HACIENDA INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We did not receive the complete document, enclosed is the missing page to be completed.

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) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 509A00008324

SECRETARY OF STATE
SECRETARY OF STATE
ACCRETARY OF

00 :8 MA. 81, 7AM 600S.

BECEINED

Articles of Amendment to **Articles of Incorporation**

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2009	MARIA	ED
TALLAHA State)	TARY OF	ED PH 3:21
State)	HEE, FL	STATE

	AHAARY
RESTAURANTE LA HAC	IENDA INC
(Name of Corporation as currently filed with	IENDA INC the Florida Dept. of State
P08000068713	
(Document Number of Corporat	ion (if known)
Pursuant to the provisions of section 607.1006, Florida Statutollowing amendment(s) to its Articles of Incorporation:	ites, this Florida Profit Corporation adopts
A. If amending name, enter the new name of the corporation	on:
VQ CLEANING SERVICES, INC	
The new name must be distinguishable and contain the "incorporated" or the abbreviation "Corp.," "Inc.," or Co "Co". A professional corporation name must contain association," or the abbreviation "P.A."	.," or the designation "Corp," "Inc," or
3. Enter new principal office address, if applicable:	3100 HAWTHORNE LOT 214
Principal office address <u>MUST BE A STREET ADDRESS</u>)	SARASOTA, FL 34239
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3100 HAWTHORNE LOT 214
(<u></u>	SARASOTA, FL 34239
 If amending the registered agent and/or registered office new registered agent and/or the new registered office ad 	
	M1 6351
Name of New Registered Agent: N/A	
N/A	

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

New Registered Office Address:

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

N/A

(Florida 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>	<u>Name</u>	Address	Type of Action
E. If amend (attach ad	ling or adding additional Articles, end ditional sheets, if necessary). (Be specified)	e <u>r change(s) here</u> : ecific)	
<u>provisio</u>	nendment provides for an exchange, rons for implementing the amendment of applicable, indicate N/A)	eclassification, or cancella if not contained in the am	tion of issued shares, endment itself:
		N/A	

The date of each amendment	(s) adoption:
Effective date if applicable:	03/12/09
- 1	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):
"The number of votes	east for the amendment(s) was/were sufficient for approval
by	(voting group)
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated	3/02/05
Signature	
	orector, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	19 / President