P0900006287

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ARETARY OF STATE

ATTEMPT OF THE PHONE O

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF C	corporation:	EL M	ESON	LATINO	Inc
DOCUMENT	TNUMBER: PO90	00000	0287		
The enclosed.	Articles of Amendment	and fee are	submitted	for filing.	
Please return a	all correspondence cond	erning this r	natter to th	e following:	
	Jose		30N1L Contact Perso		
	ELI	イモ 50 N (Firm/	LA Company)	TINO I	NC
	2865	NW -	S T		
		(City/ State			
For further inf	formation concerning th	is matter, pl	ease call:		
JOSE	A BONILLA (Name of Contact Person)		at (<u>''30</u> (A	924 rea Code & Daytii	28-92 ne Telephone Number)
Enclosed is a	check for the following	amount mad	le payable	to the Florida D	epartment of State:
\$35 Filing Fee	e \$43.75 Filing F Certificate of S		Certifi	Filing Fee & ed Copy is osed)	\$52.50 Filing Fee Certificate of Statu Certified Copy (Additional Copy is enclosed)
Ameno Divisio	ng Address Iment Section on of Corporations ox 6327		Division	Address ment Section of Corporation Building	as

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



EL MESON LATIND INC

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

P N 900000 6287

(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:

The new name must be distinguishable and co 'incorporated" or the abbreviation "Corp.," "Inc., 'Co". A professional corporation name must association," or the abbreviation "P.A."	" or Co.," or the designation	"Corp," "Inc," or
B. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADL</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>X</u>)	
If amending the registered agent and/or register new registered agent and/or the new registered		enter the name of th
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered agent osition.		cept the obligations
(C)	re of New Registered Agent, if c	hanaina

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>	<u>Address</u>	Type of Action
P	JOSE A BONILLA		✓ Add ☐ Remove
<u>P</u>	ROSALINA BONILLA		Add Remove
			Add Remove
	ding or adding additional Articles, enter additional sheets, if necessary). (Be spec		
provisi	mendment provides for an exchange, reconstance for implementing the amendment if not applicable, indicate N/A)		

Th	e date of each amendment(s) adoption:JV LY
Ef	(no more than 90 days after amendment file date)
Ad	option of Amendment(s) (<u>CHECK ONE</u>)
œ	The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(by the shareholders was/were sufficient for approval.
	The amendment(s) was/were approved by the shareholders through voting groups. The following statem 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)
	(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 July 17, 2009
	Signature BONIM (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)
	TOSE A BONILLA (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)