P09000047644

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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Deimon Fakin News) |
| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
| Openial instructions to 1 ming officer. |
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Office Use Only



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TILLU 2010 SEP -1 P 1: 5" SECRETARY OF STATE

Amend Thewas 9-1-10

COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF COR | PORATION: El ci | ncon del SAXX | restaurant Inc. | | |
|---------------------------|--|--|--|--|--|
| DOCUMENT NUMBER: <u> </u> | | | | | |
| The enclosed Artic | cles of Amendment and fee a | are submitted for filing. | | | |
| Please return all co | orrespondence concerning th | is matter to the following: | | | |
| | <u> </u> | Name of Contact Person | | | |
| | | Firm/ Company | | | |
| | 10173 M | Ontagre 8t Address | | | |
| | TAMPA F | City/ State and Zip Code | ····· | | |
| | E-mail address: (to be use | d for future annual report notification | 1) | | |
| 1 | ation concerning this matter, | | | | |
| Welselly Name | of Contact Person | at (<u>&13</u>) 300 Area Code & Daytime | -252T Telephone Number | | |
| Enclosed is a chec | k for the following amount n | nade payable to the Florida Dep | partment of State: | | |
| □ \$35 Filing Fee | \$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | | |
| P.O. Box 6 | nt Section Corporations | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C | ircle | | |

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 18, 2010

WELSELLY DESENA EL RINCO DEL SABOR RESTAURANT INC 7530 W. WATERS AVENUE, SUITE C TAMPA, FL 33615

SUBJECT: EL RINCON DEL SABOR RESTAURANT INC

Ref. Number: P09000047644

We have received your document for EL RINCON DEL SABOR RESTAURANT INC and check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The wrong form was submitted.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 610A00019887

2010 SEP -1 AH &: 00
SECRETARY OF STATE

Articles of Amendment

to

the distance

Articles of Incorporation of

FILED

| | _ | _ | , |
|--|--|----------------------------------|---|
| (Name of Corporation as co | | the Florida Dept. of State) | 2010 SEP -1 P 1: 57 |
| | | ,, | 7010 351 1 12 1: 31 |
| (Document N | <mark>ンリオ6リリ</mark> Number of Corpora | tion (if known) | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| Pursuant to the provisions of section 607.1 amendment(s) to its Articles of Incorporatio | | utes, this Florida Profit Corpo | ration adopts the following |
| A. If amending name, enter the new nam | e of the corporati | on: | |
| name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," " | the designation "C | Corp," "Inc," or "Co". A pro | fessional corporation |
| B. Enter new principal office address, if a (Principal office address MUST BE A STR | | 10173 Montag | |
| C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF) D. If amending the registered agent and/o | FICE BOX) | TAMPA TL 3 | 33b 2 b |
| new registered agent and/or the new r | | | |
| Name of New Registered Agent: | <u> Weise</u> | My Desens | |
| New Registered Office Address: | 10173 (Flor | Montroque Strida street address) | |
| | TAM! |) , Flo | rida 33626 |
| New Registered Agent's Signature, if char I hereby accept the appointment as registere | d agen Famfam | | tions of the position. |

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 |
|--------------|--|---------------|-------------------------------|
| <u>P</u> | Welselly Desense | 10173 Montray | e St ☐ Add So ≥ C ☐ Remove |
| <u>P</u> _ | Jovanny Medina | 7580 W Waters | Add PRemove |
| | | | |
| | nding or adding additional Articles, ente additional sheets, if necessary). (Be spe | | |
| | | | |
| provis | mendment provides for an exchange, resions for implementing the amendment in not applicable, indicate N/A) | | |
| | | | |
| | | | |

| The date of each amendment(s) |) adoption: | 8/23/ | 2010 | |
|---|-----------------------|------------------------|---|---------|
| .·. Effective date <u>if applicable</u> : | (dat | te of adoption is req | wired) | |
| | no more than 90 days | s after amendment f | île date) | |
| Adoption of Amendment(s) | (CHECK | ONE) | | |
| The amendment(s) was/were by the shareholders was/were | | | er of votes cast for the amendr | nent(s) |
| The amendment(s) was/were must be separately provided f | | | | |
| "The number of votes cas | st for the amendment | (s) was/were suffici | ent for approval | |
| by | | | " | |
| (v | oting group) | | | |
| The amendment(s) was/were action was not required. | adopted by the board | of directors withou | t shareholder action and share | holder |
| The amendment(s) was/were action was not required. | adopted by the incorp | oorators without sha | reholder action and sharehold | er |
| Dated | 8/23/20 | 010 | | |
| selecte | | r – if in the hands of | rectors or officers have not be f a receiver, trustee, or other c | |
| - | (Typed or | printed name of per | rson signing) | |
| - | (Title of perso | ant until | 8/20/2010 | |