## P09000069953

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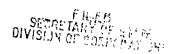
AUG 17 2015 C LEWIS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: LA CUBANITA CAFE IN SW FL, INC.				
DOCUMENT NUMBER: P09000069953				
The enclosed Articles of Amendment and fee ar	re submitted for filing.			
Please return all correspondence concerning this	s matter to the following:			
ERNESTINA VALDES				
<del></del>	Name of Contact Person			
LA CUBANITA CAFE				
	Firm/ Company			
9478 WESTCREEK CIR	• •			
	Address			
NORTH FORT MYERS	, FL 33903			
	City/ State and Zip Code			
TAXSERVICES2010@HOTM	1AIL.COM			
E-mail address: (to b	oe used for future annual report notification)			
For further information concerning this matter, please call:				
ERNESTINA VALDES	at (239 ) 257-7939			
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State				
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 Circle  Tallahassee, FL 32301			

## Articles of Amendment to Articles of Incorporation of



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## LA CUBANITA CAFE IN SW FL, INC.

( <u>Name o</u>	f Corporation as current	ly filed with the Florida Dept. of State)	
P09000069953			
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new na	me of the corporation:		
N/A		The new	
	ation "Corp." "Inc." or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		1121 SE 12TH PL	
		CAPE CORAL	
		FL 33990	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		9478 WESTCREEK CIRCLE	
		NORTH FORT MYERS	
		FLORIDA 33903	
D. If amending the registered agent an new registered agent and/or the new			
Name of New Registered Agent	ERNESTINA VALDES		
interior in the state of the st	9478 WESTCREEK CIR	CLE	
	(Florida s	reet address)	
New Registered Office Address:	NORTH FORT MYERS	, Florida	
		(City) (Zip Code)	
New Registered Agent's Signature, if c	ered agent. I am familiar	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)

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.

X Change	PT	John Doc	
X Remove	V	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	MICHEL A. GUINART	215 SE 23RD STREET
Add			CAPE CORAL
X Remove			FL 33990
2) Change	p	ERNESTINA VALDES	9478 WESTCREEK CIRCLE
X Add			NORTH FORT MYERS
Remove			FL33903
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding addit (Attach additional sheets, if ne			•		
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If an amendment provides for	or an exchange, re-	classification, or	cancellation of iss	ued shares,	
provisions for implementin (if not applicable, indica	g the amendment i ite N/A)	<u>i not containeg i</u>	n the amendment	itseit:	
ECLASSIFICATION OF ISSU	JED SHARES:				
ICHEL A. GUINART: 0%	<del></del>				
LENSTINA VALDES: 100%					
	<del></del>				

The date of each amendment		if other than the
date this document was signed.	 . 08/11/2015	DIVISION OF SOLD OF
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	15 AUG 14 PM 12: 39
	this block does not meet the applicable statutory filing requirements, this ne Department of State's records.	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes east for the amendme ere sufficient for approval.	ent(s)
	re approved by the shareholders through voting groups. The following stated for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder	older
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	r
08/11 Dated	/2015	
Signature	EFF	
(E	By a director, president or other officer — if directors or officers have not be elected, by an incorporator — if in the hands of a receiver, trustee, or other oppointed fiduciary by that fiduciary)	
	ERNESTINA VALDES	
	(Typed or printed name of person signing)	(
	PRESIDENT	
	(Title of person signing)	