# P09000011446

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SECRETARY OF STATE ALL AHASSEF FI OBIGA

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# **ČOVER LETŢĒR**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION:	OLETA RIVER BISTRO I	NC
DOCUMENT NUM	1BER:	P09000071446	
The enclosed Article	es of Amendment and fee a	re submitted for filing.	
Please return all corn	respondence concerning this	s matter to the following:	
		ESAR BARROSO	
	N:	ame of Contact Person	
_	OLETA	A RIVER BISTRO INC	
		Firm/ Company	
	2000 IS	SLAND BLVD, APT 601	
		Address	
	AVE	ENTURA, FL 33160	
_	Ci	ty/ State and Zip Code	
	E-mail address: (to be used	for future annual report notification)	
For further informat	ion concerning this matter,	please call:	
CES	AR BARROSO	at ( 305 ) 93  Area Code & Daytime Tele	31-0585
Name o	f Contact Person	Area Code & Daytime Tele	ephone Number
Enclosed is a check	for the following amount m	ade payable to the Florida Depart	ment of State:
<b>✓</b> \$35 Filing Fee	\$43.75 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 Circl	e

Tallahassee, FL 32301

### **Articles of Amendment Articles of Incorporation** of

#### OLETA RIVER BISTRO, INC.

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

#### P09000071446

	to rticles of Incorporation of	Dept. of State)  ALECARA SSEE FLORIDA  n)
	•	URO.
OLETA DIVE	VI VI	1940 CS
	ER BISTRO, INC.	74 FC 30
(Name of Corporation as curren		Dept. of State)
	00071446	SEE FISTAL S
	er of Corporation (if knows	
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this Florida	
A. If amending name, enter the new name of t	he corporation:	
CORREI	O MANIA, INC	The new
B. Enter new principal office address, if application of the address of the second of	E BOX)	Florida, enter the name of the
new registered agent and/or the new registe	ered office address:	
Name of New Registered Agent:		<del></del>
New Registered Office Address:	(Florida street add	dress)
_		, Florida
	(City)	(Zip Code)
	Registered Agent:	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		l accept the obligations of the position.

Page 1 of 3

	lditional sheets, if necessary)		
<u> Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Remove
			L Remove
		•	<b>5</b>
			<del></del>
	nding or adding additional Ar additional sheets, if necessary).		
		change, reclassification, or cancella	
provis		change, reclassification, or cancella endment if not contained in the ame	
provis	sions for implementing the am		
provis	sions for implementing the am		
provis	sions for implementing the am		
provis	sions for implementing the am		

The date of each amendment	(s) adoption: $11^{-23}$ $\sim 2009$
	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/web by the shareholders was/web	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 statemen d 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/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_ <i>N</i> 0]	Cesasfiguet Fouron.
Signature X	Penashoush (Fouron.
(By	a director, 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 pinted fiduciary by that fiduciary)
	CESAR BARROSO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)