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(Re	questor's Name)	
(Ad	dress)	·
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PICK-UP	☐ WAIT	MAIL.
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(Do	cument Number)	
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07/17/13--01020--004 **35.00

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Amend jan. 19.13

COVER LETTER

Division of Corporations
NAME OF CORPORATION: <u>CASA OLE Mexican Restaurant</u> Inc DOCUMENT NUMBER: PO90000 80501
DOCUMENT NUMBER: YOU DOO 8050
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
PAM GLAZE
Name of Contact Person
RPGLAZE Inc
Firm/ Company
1130 Whine Mile Road
PENSACOLA FLORIDA 32534 City/ State and Zip Code
DG GZE 1157/G GMGL COM E-mail address: (to b) used for future annual report notification)
For further information concerning this matter, please call:
FERNANDO C'have Z at (850) 393-9951 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:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) 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 Circle
Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation
(Name of Corporation as currently filed with the Florida Dept. of State)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent FLR NGN DO (Mayez 2401 Hwy 97 (Florida street address) 32577
New Registered Office Address: MOINO , Florida 325 77 (City) (Zip Code) New Registered Agent's Signature, if/changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, Johanging

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.

Example: X Change	PT John D	ine	
-			
X Remove	<u>V</u> <u>Mike J</u>	<u>ones</u>	
X Add	SV Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	PVP	Abelardo Gonzalez	PUNSACOLA FL 32504
Add			
2)Change	P/VP	FURNANDOCHAVEZ	2401 Hwy 97 Molino, Franka 3257
Remove 3) Change Add			
Remove 4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
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f an amandment provides for an evol	hange reclassification or cancellation of issue	d shares.
f an amendment provides for an excl	hange, reclassification, or cancellation of issue	<u>d shares,</u> elf:
provisions for implementing the ame	hange, reclassification, or cancellation of issue endment if not contained in the amendment its	<u>d shares,</u> elf:
f an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issue endment if not contained in the amendment its	d shares, elf:
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provisions for implementing the ame	hange, reclassification, or cancellation of issue endment if not contained in the amendment its	d shares, elf:

The date of each amendment(s) adoption: July 3 2013				
Effective date if applicable: July 3 2013				
(no more than \$0 days after amendment file date)				
Adoption of Amendment(s) (CHECK ONE)				
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.				
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement 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)				
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 7-3-2013				
Signature				
(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)				
appointed reductary by that reductary)				
ABELARDO GONZALEZ				
(Typed or printed name of person signing)				
Paisident				
(Title of person signing)				