## P09000099867

(Re	equestor's Name)	
(Ac	idress)	
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PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Nan	ne)
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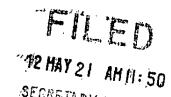
MAY 24 2012 T. ROBERTS

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: PORTUG	ALIA RESTA	URANT, INC.
DOCUMENT NUMI	BER: P090000998	367	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this mat	tter to the following:	
	ANDREA FER	REIRA	
	<del></del>	Name of Contact Person	1
	ASSURED ACCOL	JNTING AND TAX	K SERVICES
	400 F ATLAN	Firm/ Company	HTC D
	400 E. ATLAN		טוונט
	POMPANO BE	Address  ACH FI 330	60
	TOWN AND BE	City/ State and Zip Cod	
	JPTAVARE	25720 YA	1400. Com
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se caff:	
ANDREA F	ERREIRA	<sub>at</sub> 954	793-0353 de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made p	payable to the Florida Depa	artment of State:
□ \$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 Circle Tallahassee, FL 32301	

## Articles of Amendment to Articles of Incorporation



## PORTUGALIA RESTAURANT, INC.

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

P09000099867

(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:

	tain the word "corporation," "company," aution "Corp," "Inc," or "Co". A professition," or the abbreviation "P.A."	
Enter new principal office address, rincipal office address <u>MUST BE A S</u>	if applicable: TREET ADDRESS )	
Enter new mailing address, if appli		
(Mailing address MAY BE A POST		
If amending the registered agent an new registered agent and/or the new	nd/or registered office address in Florida, w registered office address:	enter the name of the
new registered agent and/or the new		enter the name of the
	w registered office address:	
new registered agent and/or the new	w registered office address:  JOAO P. TAVARES	15
new registered agent and/or the new	y registered office address:  JOAO P. TAVARES  900 E. ATLANTIC BLVD #	

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	<u>PT</u> <u>J</u>	ohn Doe	
X Remove	<u>V</u> <u>N</u>	<u> Aike Jones</u>	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add _X Remove	PSD	HELDER S. OLIVEIRA	900 E. ATLANTIC BLVD STE 15 POMPANO BEACH, FL 33060
2) Change X Add Remove	<u>P</u>	ANTONIO TAVARES	900 E. ATLANTIC BLVD STE 15 POMPANO BEACH, FL 33060
3 ) Change	<u>vτ</u>	JOAO P. TAVARES	900 E, ATLANTIC BLVD STE 15 POMPANO BEACH, FL 33060
4) Change Add Remove		<u> </u>	
5) Change Add Remove			
6) Change Add Remove			

	). (Be specific)			
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	change reclassifi	cation, or cancel	lation of issued sl	iares,
If an amendment provides for an ex- provisions for implementing the am (if not applicable, indicate N/A)	iendment if not c	ontained in the a	mendment itself:	
provisions for implementing the am	nendment if not c	ontained in the a	mendment itself:	
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provisions for implementing the am	nendment if not c	ontained in the a	mendment itself:	

The date of each amendment(s) adoption: 05/14/2012
Effective date if applicable: 05/14/2012
(no more than 90) 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 MAY 14, 2012
Dated
Signature Made College
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)
HELDER S. OLIVEIRA
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)