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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: JR LA HACIENDA TAVERNARE STAURANT, INC.					
DOCUMENT NUMBI	er: <u> </u>	035074			
The enclosed Articles of	The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:					
-	BERTILDA	RETNOSO Name of Contact Person	1		
-		Firm/ Company			
_	10207 CHOR	•	E		
		Address			
_	ORLANDO	FLORIDA 32 City/ State and Zip Code	7837		
		City/ State and Zip Code	:		
E-mail address: (to be used for future annual report notification)					
For further information	concerning this matter, pleas	e call:			
	VO SILVA	at (321	303-8510		
Name of	f Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made p	payable to the Florida Depa	ertment 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)		
Amer Divis	ing Address ndment Section tion of Corporations Box 6327	Amend Divisio	Address ment Section on of Corporations Building		

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

to

OR LA HACIENDA TAVERN (Name of Corporation as currently filed	A RESTAURANT	INC		
A				
(Document Number of Cor	poration (if known)			
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:			.mendn	nent(s)
A. If amending name, enter the new name of the corpo	ration:			
			he ne	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," "word "chartered," "professional association," or the abb	Inc," or "Co". A professional corp	porated" or the abbi poration name must con	reviatio rtain ti	on he
		77.57 7.47 7.47	ಪ	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	SS)		<u></u>	
	 ,			
			₽	
	.	TH:		[F]
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
(10-	<u>ن</u>	
	-	.		
				
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		name of the		
Name of New Registered Agent				
	(Florida street address)			
New Registered Office Address:	, Flor	rida		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I am		tions of the position.		
	<u> </u>			
Signature of New F	legistered 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.

Mike Jones, V as Remo Example:	ve, and Sally Si	mith, SV as an Add.	
X Change	PT Jo	hn Doe	
X Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add Remove	PT	JOSEGREGORIO Augulas Bu	ISTILLOS 117 SAVANNAM LANDING CI ORLANDOS FL. 32832
2) Change	PT	GUSTAVO SILVA	10207 CHORLTON CIRCLE
Add Remove			OPLANDOJPL 32832
3) Change			
Add			
4) Change			
Add Remove			
5) Change			
Remove			
6) Change			
Remove			

. If amending or adding additional Arti	cles, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
<u></u>	
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If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
-	
	·

The date of each amendment(s) added this document was signed.	loption:	, if other than th
Effective date if applicable:		
Enterve date in applicable.	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were additional by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.	
	proved by the shareholders through voting groups. The following statement 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 add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	0/2/13	
Signature	O 2 13 Derr Ceeu G director, president or other officer – if directors or officers have not been	
(By a d	irector, president or other officer - if directors or officers have not been	
	d, by an incorporator — if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	BERTILDA REINOSO	
	(Typed or printed name of person signing)	
	VICE PRESIDENT	
	(Tido - C i - i - i - i	