P10000036219

(Requestor's Name)		
(Address)		
(Addre	ss)	
(City/S	tate/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Nam	пе)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



000196259200

02/28/11--01050--023 **35.00

Amer



m 2-11-11



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 2, 2011

GLADYS MELENDEZ RGM ACCOUNTING SERVICES 1520 SOUTH STATE RD HOLLYWOOD, FL 33023

SUBJECT: EL MERENDON LATINO INC

Ref. Number: P10000036289

We have received your document for EL MERENDON LATINO INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check only one box under the adoption of amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 611A00005213

Correet Document affactuel.
03/08/2011

SECRETARY OF THE STATE OF TALLAND SECRETARY SE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION:	El Merendon Lati	no Inc
DOCUMENT NUMBER:		P10000036	3289
The enclosed Arti	cles of Amendment and fee a	are submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
		Gladys Melendez	
	Ŋ	Name of Contact Person	
RGM Accounting Services			
	Firm/ Company		
	1520 South State Road		
	Address		
		ollywood, Fl 33023	
	C	City/ State and Zip Code	
	RGMACCOUN E-mail address: (to be use	TING @HOT MAIL.COM and for future annual report notifications	ation)
For further inform	ation concerning this matter,	nlease call:	
	Gladys Melendez	•	962-8699
	e of Contact Person		me Telephone Number
Enclosed is a chec	k for the following amount n	nade payable to the Florida	Department of State:
₹35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclo	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address		Street Address	
Amendment Section		Amendment Section	
Division of Corporations		Division of Corporation	ons
P.O. Box 6		Clifton Building	
Tallahassee Fl 32314		2661 Executive Center	· Circle

Tallahassee, FL 32301

Articles of Amendment · · to Articles of Incorporation of

FI	Ma	ron	don	Lating	n Inc
	1010		$\alpha \sigma$, ,,,,,

of	FN
El Merendon Latino Inc	11 MAR / I PH
(Name of Corporation as currently filed with the Florida Dept	of State)
P10000036289	ALLAHASSFE STATE

P10000036289 (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: A. If amending name, enter the new name of the corporation: 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." Jose G Cruz B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) 7760 NW 30 Street Hollywood, Fl 33024 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Ana B Cruz 7760 NW 30 Street Hollywood, FI 33024 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: New Registered Office Address: (Florida street address) _, Florida_ (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, 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>DPT</u>	Jose G Cruz	7760 NW 30 Street Hollywood, Fl 33024	
<u>DVS</u>	Ana B Cruz	7760 NW 30 Street Hollywood, Fl 33024	
PDTS	Pedro Amaya	6804 SW 21 Street Miramar , Fl 33023	
	ling or adding additional Articl dditional sheets, if necessary). (
provisi		ange, reclassification, or cancellation of Iment if not contained in the amendmer	

The date of each amendmen	t(s) adoption: 03	3/01/2011
Effective date <u>if applicable</u> :		(date of adoption is required)
	(no more than !	90 days åfter amendment file date)
Adoption of Amendment(s)	(<u>C</u> 1	HECK ONE)
The amendment(s) was/we by the shareholders was/w		e shareholders. The number of votes cast for the amendment(s) approval.
		ne shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amer	ndment(s) was/were sufficient for approval
_{by} 100%		,"
	(voting group)	
The amendment(s) was/we action was not required.	ere adopted by the	e board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the	e incorporators without shareholder action and shareholder
Dated Z	1-24-	2011
sel	y a director, presidected, by an incorpointed fiduciary	dent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court by that fiduciary)
	703é	Ped or printed name of person signing)
	(Ty	ped or printed name of person signing)
		President
	(Title o	f person signing)