## P10000081703

| (Red                      | uestor's Name)   |             |
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| PICK-UP                   | ☐ WAIT           | MAIL        |
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|                           | <b>,</b>         |             |
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| Special Instructions to F | Filing Officer:  |             |
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SECRETARY OF STATE

C. LEWIS

AUG 2 0 2013

EXAMINER

## **COVER LETTER**

| TO: Amendment Sect<br>Division of Corp |   | •  | *·   |
|--|---|--|--|
| NAME OF CORPO                          | RATION: SABOR DE                            | EL CARIBE INC  |  |
| DOCUMENT NUMI                          | P1000008170                                 | 3  |  |
|  | of Amendment and fee are su                 |  |  |
| Please return all corre                | spondence concerning this ma                | tter to the following:   |  |
|  | CARLOS GONZA                                | ALEZ   |  |
|  |   | Name of Contact Person   | 1  |
|  | SABOR DEL CAI                               | RIBE INC   |  |
|  | Firm/ Company                               |  |  |
|  | 1502 W VINE ST                              | •  |  |
|  |   | Address  |  |
|  | KISSIMMEE FLO                               | ORIDA 34741  |  |
|  |   | City/ State and Zip Cod  | e  |
|  |   |  |  |
|  | . E-mail address: (to be us                 | sed for future annual report                                       | notification)  |
| For further informatio                 | n concerning this matter, pleas             | se call:   |  |
| 04510000                               | NI741 F7                                    | 407  | 004 0000   |
| CARLOS GO                              | NZALEZ                                      |  | 931-0026   |
| Name of Contact Person                 |   | Area Co  | de & Daytime Telephone Number  |
| Enclosed is a check fo                 | r the following amount made                 | 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) |
| <u>Mai</u>                             | ling Address                                | Street   | <u>Address</u>   |
|  | endment Section                             | Amendment Section  |  |
|  | sion of Corporations  Roy 6327              | Division of Corporations<br>Clifton Building                       |  |
| P.O. Box 6327<br>Tallahassee, FL 32314 |   | 2661 Executive Center Circle                                       |  |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED 13 AUG 15 PM 1: 43

## SABOR DEL CARIBE INC

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

P10000081703

endment(s) to

| (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 amendits Articles of Incorporation:  | me               |
| A. If amending name, enter the new name of the corporation:  |                  |
| The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviat "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation name must contain word "chartered," "professional association," or the abbreviation "P.A." | ew<br>ion<br>the |
| 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 CARLOS GONZALEZ   |                  |
| 1502 W VINE ST   |                  |
| (Florida street address)   |                  |
| New Registered Office Address: KISSIMMEE , Florida 34741   |                  |
| (City) (Zip Code)  |                  |
| New Registered Agent's Signature, if changing Régistered 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)

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.

| X Change                   | <u>PT</u>                             | John Doe           |                    |
|----------------------------|---------------------------------------|--------------------|--------------------|
| X Remove                   | $\underline{\mathbf{v}}$              | Mike Jones         |                    |
| X Add                      | <u>sv</u>                             | Sally Smith        |                    |
| Type of Action (Check One) | <u>Title</u>                          | Name               | <u>Addres</u> s    |
| 1) Change                  | Р                                     | JACKELINE PIMENTEL | 1502 W VINE ST     |
| Add                        |                                       |                    | KISSIMMEE FL 34741 |
| X Remove                   |                                       |                    |                    |
| 2) Change                  | Р                                     | CARLOS GONZALEZ    | 1502 W VINE ST     |
| X Add                      | · · · · · · · · · · · · · · · · · · · |                    | KISSIMMEE FL 34741 |
| Remove                     |                                       |                    |                    |
| 3) Change                  |                                       |                    |                    |
| Add                        |                                       |                    |                    |
| Remove                     |                                       |                    |                    |
| 4) Change                  |                                       |                    |                    |
| Add                        |                                       |                    |                    |
| Remove                     |                                       |                    |                    |
| 5) Change                  |                                       |                    |                    |
| Add                        |                                       |                    |                    |
| Remove                     |                                       |                    |                    |
| 6) Change                  |                                       |                    |                    |
| Add                        |                                       |                    |                    |
| Remove                     |                                       |                    |                    |

| If amending or adding additional Artic<br>Attach additional sheets, if necessary). | (Be specific)   |
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| If an amendment provides for an exch   | ange, reclassification, or cancellation of issued shares, |
| (if not applicable, indicate N/A)  | ndment if not contained in the amendment itself:          |
| (y not applicable, malcale WA)   |   |
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JUNE 3, 2013 if other than the The date of each amendment(s) adoption: 13 AUG 15 PM 1:43 date this document was signed. JUNE 3, 2013 (no more than 90 days after amendment file date SECRE TARY OF STATE TALLAHASSEE, FLORIDA Effective date if applicable: 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 (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 AUGUST 9, 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) CARLOS GONZALEZ (Typed or printed name of person signing)

PRESIDENT

(Title of person signing)