P10000091904

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	PIO PIO	RESTAURANT	r, core	
DOCUMENT NUMBER:	P 1000009	91904		
The enclosed Articles of Amendm	ent and fee are sul	bmitted for filing.		
Please return all correspondence co	oncerning this mat	ter to the following	;	
A	LBERTO DUI	MENIGO		
		Name of Contac	t Person	,
<u>p</u>	IO PIO RE	STAURANT, (Firm/ Comp		
5	40 BRICKE	LL KEY DRI	=	TE 1605
	IAMI FLOR	Address IDA 33131	i	
		City/ State and Z	Zip Code	·
		17@hotmail		5
ti-mair	address; (to be us	ed for future annua	report not	fication)
For further information concerning	this matter, pleas	e call:		
ALBERTO DUMENIO	10	at ()	277-7349
Name of Contact Pe	erson	/	Area Code &	Daytime Telephone Number
Enclosed is a check for the followi	ng amount made p	payable to the Florid	da Departm	ent of State:
-	75 Filing Fee & ficate of Status	\$43.75 Filing by Certified Copy (Additional copenciosed)		l\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addres Amendment Section of Corp P.O. Box 6327 Tallahassee, Fl.	cion orations		Clifton Bui	nt Section Corporations Iding ative Center Circle



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

October 9, 2013

ALBERTO DUMENIGO PIO PIO RESTAURANT, CORP 540 BRICKELL KEY DRIVE - STE. 1605 MIAMI, FL 33131

SUBJECT: PIO PIO RESTAURANT, CORP.

Ref. Number: P10000091904

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

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 513A00023739





October 1, 2013

AMALIA DEMMI PIO PIO RESTAURANT, CORP. 540 BRICKELL KEY DRIVE - STE. 1605 MIAMI, FL 33131

SUBJECT: PIO PIO RESTAURANT, CORP.

Ref. Number: P10000091904

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

The registered agent must sign accepting the designation.

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) 245-6050.

frene Albritton Regulatory Specialist II

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Letter Number: 613A00023003

Articles of Amendment to Articles of Incorporation of



P10	PIO RESTAURANT, CORP.	် ^{ကိ} ာ
(Name of Corporation as	currently filed with the Florida Dept. of Sta	te)
P 100	00091904	
(Documer	t Number of Corporation (if known)	
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, this <i>Florida Profit Corp</i>	noration adopts the following amendment(s)
A. If amending name, enter the new na	me of the corporation:	
		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	tain the word "corporation," "company." of ation "Corp," "Inc," or "Co". A profession tion," or the abbreviation "P.A."	"incorporated" or the abbreviation al corporation name must contain the
3. Enter new principal office address, Principal office address <u>MUST BE A S</u>	if applicable: TREET ADDRESS)	
•		
C. Enter new mailing address, if appli	cable:	
(Mailing address MAY BE A POST)	OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·
	 	
D. If amending the registered agent an	d/or registered office address in Florida, ent	er the name of the
new registered agent and/or the nev	v registered office address:	
Name of New Registered Agent	AMALIA DEMMI	
	540 BRICKELL KEY DRIVE S	UITE 1605
	(Florida street address)	
New Registered Office Address:	MIAMI (City)	Morida 33131
The state of the s	(City)	(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agent:	abliantiana of the manitian
nereoy accept the appointment as regist	ered agent. I am familiar with and accept the	onugations of the position.
fina	lia Deuii gnature of New Registered Agent, if changing	
, Siz	znature oj ivew Kegisterea 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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	PD	ALBERTO DUMENIGO	540 BRICKELL KEY DRIVE SUITE 1605
Add XX Remove			MIAMI FLORIDA 33131
2) Change	PD	AMALIA DEMMI	540 BRICKELL KEY DRIVE
Add Remove			MIAMI FLORIDA 33131
3) Change			
Remove			
4) Change	<u></u>		100400000000
Add Remove			
5) Change			•
Add Remove			
6) Change			
Add			
Remove			

amending or adding additional Art tach additional sheets, if necessary).	
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ovisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	\
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The date of each amendment(s) adoption:date this document was signed.	September 20, 2013	, if other than the
Effective date if applicable:		
· · · · · · · · · · · · · · · · · · ·	(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (C	IJECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the amendment(s) approval.	
The amendment(s) was/were approved by the must be separately provided for each voting	the shareholders through voting groups. The following statement ag group entitled to vote separately on the amendment(s):	
"The number of votes east for the ame	endment(s) was/were sufficient for approval	·
by		
(Ve	oting group)	
The amendment(s) was/were adopted by the action was not required.	e board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the action was not required.	e incorporators without shareholder action and shareholder	
DatedSEPTEMBER	20, 2013	
Signature	Manaure o	
	sident or other officer – if directors or officers have not been	<u> </u>
	corporator – if in the hands of a receiver, trustee, or other court	
	ry by that fiduciary)	
AI	BERTO DUMENIGO	
	(Typed or printed name of person signing)	
PF	RESIDENT	
	(Title of person signing)	