

P11000015211

Please use the  
7624 Sun Vista Way  
Orlando FL 32822  
Address for Mail

Thank you

Samuel Hernandez  
El punto Criollo

*[Signature]*

Special Instructions to Filing Officer:

Office Use Only



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11 MAY 27 PM 12:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amend  
CRC  
B1

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: EL PUNTO CRIOLLO TINET INC.

DOCUMENT NUMBER: P11000015211

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Samuel Hernandez  
Name of Contact Person  
EL PUNTO CRIOLLO TINET INC  
Firm/ Company  
4963 FISKE CIRCLE - SEE  
Address 1151122  
Orlando, FL 32826  
City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samuel Hernandez at ( 407 ) 440-3791  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made 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 enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy is enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 127  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RECEIVED  
11 PM 8:36  
STATE  
TALLAHASSEE  
FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 4, 2011

SAMUEL HERNANDEZ  
EL PUNTO CRIOLLO JIRET INC.  
4963 FISKE CIRCLE  
ORLANDO, FL 32826

SUBJECT: EL PUNTO CRIOLLO JIRET, INC.  
Ref. Number: P11000015211

We have received your document for EL PUNTO CRIOLLO JIRET, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

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) 245-6880.

Karen Gibson  
Document Specialist Supervisor

Letter Number: 211A00008113

RECEIVED

11 MAY 26 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

EL PUNTO CIBO, Inc., Inc.

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

P11000015211

(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:**

*The new 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."*

**B. Enter new principal office address, if applicable:**  
(Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 MAY 27 PM 12:29

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**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:

Samuel Hernandez

New Registered Office Address:

7624 Sun Vista Way

(Florida street address)

Orlando

(City)

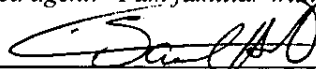
, Florida

(Zip Code)

32822

**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>	<u>Address</u>	<u>Type of Action</u>
	Samuel Hernandez	4963 Kiske Cir Orlando FL 32826	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
	DAIZA ADAMS		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
	JUSEM ADAMS		

**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**  
*(if not applicable, indicate N/A)*

The date of each amendment(s) adoption: \_\_\_\_\_

(date of adoption is required)

Effective date if applicable: \_\_\_\_\_

(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 \_\_\_\_\_

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)

DAIRA ADAMS  
(Typed or printed name of person signing)

Director  
(Title of person signing)