P11000034972

(Req.	uestor's Name)			
(Add	ress)			
(Add	ress)			
(City/	/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Busi	ness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Fi	iling Officer:			

Office Use Only

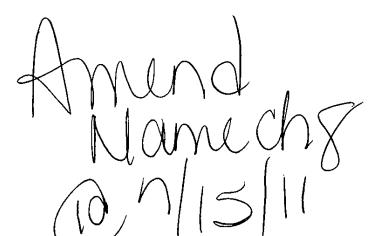


600209954496

07/15/11--01010--006 **35.00

11 JUL 15 PH12: 06

SECRETARY OF STATE



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Las Cubanitas Restaurant Cafeteria							
DOCUMENT NUMBER: P11000034972							
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Olga Perea Name of Contact Person							
Las Cubanitas Restaurant Cafeteria							
Firm/ Company							
460 E 23rd St, Suite 320 Address							
Hialeah, FL 33013 City/ State and Zip Code							
City/ State and Zip Code							
atssvcs@bellsouth.net E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Olga Perea at (305) 409-3096 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:							
X \$35 Filing Fee \$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status)						

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Articles of Amendment to Articles of Incorporation of

Las Cubanitas Restaurant Cafeteria					_
(Name of Corporation a	s currently filed with the	Florida Dept. o	of State)		
P11000034972 (Documer	nt Number of Corporation	(if known)			_
(====		(
Pursuant to the provisions of section 607.1006	6, Florida Statutes, this <i>Fl</i>	orida Profit Cor	poration add	pts the	
following amendment(s) to its Articles of Incor	poration:				
A If amounting name output he navy name	of the compaction.				
A. If amending name, enter the new name	or the corporation.				
Mr. Tango Enterprises Inc			The ne	∍w	
name must be distinguishable and contain the	•				
abbreviation "Corp.," "Inc.," or "Co.," or the de	=	-	-	on	
name must contain the word "chartered," "pro-	fessional association," or	the abbreviation	"P.A."		
B. Enter new principal office address, if ap	micable:				
(Principal office address MUST BE A STRE					
					į
•				<u> </u>	20%
C. Enterness medical description is					<u> </u>
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		V = 1/4 = 1 · · ·		<u></u>	1372
	 ,				300
	,		+ 	PH	<u> ప్లోస</u>
D. If amounting the registered agent and/o		aa in Flavida a		<u>13</u>	ATIONS
 If amending the registered agent and/o new registered agent and/or the new reg 		iss in Florida, ei	nter the mann	e or the	35
Name of New Registered Agent:	Olga Perea				
	460 E 23Rd Suite 32)			
New Registered Office Address:	(Florida street address)				
	Hialeah		, Florida	33013	
	(Ci	ty)		Code)	
New Registered Agent's Signature, if change					
I hereby accept the appointment as registered	agent. I am familiar with	and accept the o	bligations of t	he positio	on.
	Paro ()				
- ,	Signature of New Registe	red Agent, if cha	nging		

Las Cubanitas Restaurant Cafeteria

45-1589764 ATX1

removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) **Type of Action Title** <u>Address</u> <u>Name</u> ☐ Add 460 East 23 Street Apt 320 X Remove Hialeah, FI 33010 100% Shares 460 East 23 Street Apt 320 X Add Remove Hialeah, Fl 33010 100% Shares Add Remove 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)

If amending the Officers and/or Directors, enter the title and name of each officer/director being

Li	as Cubanitās Restaurant Cat	eteria	45-1589	764	ATX1
The	date of each amendmen	t(s) adoption:	7/5/2011		
			(date of adoption is required)		
Effe	ctive date <u>if applicable</u> :				
		(no more than 90 da	ys after amendment file date)		
Ado	ption of Amendment(s)	(CHECK	(ONE)		
X	The amendment(s) was/by the shareholders was		nareholders. The number of votes cast for the amer roval.	ndme	ent(s)
			nareholders through voting groups. The following sta oup entitled to vote separately on the amendment(s		ent
	"The number of vot	es cast for the amend	ment(s) was/were sufficient for approval		
	by		, n		
	,	(voting group)			
	The amendment(s) was/action was not required.	were adopted by the b	pard of directors without shareholder action and sha	reho	older
	The amendment(s) was/action was not required.	were adopted by the in	corporators without shareholder action and shareho	lder	
	Dated	7/5/2011			
	Signature	(By a director president	or other officer – if directors or officers have not been		
		, ,	ator – if in thé hands of a receiver, trustee, or other cour	į	
		Mohammad L. Aljiba (Typed	or printed name of person signing)		
		President (Title of pe	rson signing)		