P11000093144

| (Re | questor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | :y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Amend

AUG 2 2 2012

T. LEWIS

COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| NAME OF CORPORATION: EL TIPICO Restau Part Inc DOCUMENT NUMBER: PHOPOSO93144 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Name of Contact Person FL Tipico Restaur Rout Inc Firm/Company 1560 FOYEST CAPS CAV # A Address West palm Beach # 33406 City/ State and Zip Code FLAKITA_82100 Hot Moll COM E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Ada Rodrigue 3 at (561) 713-5415 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 Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed) |

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 26, 2012

ADA A RODRIGUEZ EL TIPIKO RESTAURANT INC 1560 FOREST LAKES CIR #A WEST PALM BEACH, FL 33406

SUBJECT: EL TIPIKO RESTAURANT INC

Ref. Number: P11000093144

We have received your document for EL TIPIKO RESTAURANT INC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The wrong form was submitted to remove and add officers.

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.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 512A00019732

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Articles of Amendment to Articles of Incorporation

| | of | | THE ANALYSIS OF | N. A. S. |
|---|------------------------------------|---------------------------|--|--|
| 61 Tipico | o Resta | w Rout | inc_ | A CONTRACTOR |
| (Name of Corporation as curre | ntly filed with the Flori | da Dept. of State) | | |
| P110000093 | 144 | · | | |
| (Document Num | ber of Corporation (if kn | own) | | |
| Pursuant to the provisions of section 607.1006, Its Articles of Incorporation: | Florida Statutes, this <i>Flor</i> | rida Profit Corpora | tion adopts the following | g amendment(s) |
| . If amending name, enter the new name of | the corporation: | | | |
| | | | | The new |
| name must be distinguishable and contain the 'Corp.," "Inc.," or Co.," or the designation 'word "chartered," "professional association," or | "Corp," "Inc," or "Co" | '. A professional c | ncorporated" or the ac orporation name must (| bbreviation contain the |
| 3. Enter new principal office address, if appl Principal office address MUST BE A STREET | | | | - |
| | - | | <u> </u> | - |
| | - | | | _ |
| C. Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFIC | | | | - |
| | _ | | | - |
| | | | | |
| | - | | | - |
| If amending the registered agent and/or renew registered agent and/or the new registered. | | in Florida, enter t | he name of the | |
| Name of Nam Pagintand Agant | | | | |
| Name of New Registered Agent | | | | |
| | (Florida street d | address) | . | |
| 1000 | • | | n:_ | |
| New Registered Office Address: | (City) | , r | lorida(Zip Code) | - |
| | | | | |
| | \cap | | | |
| New Registered Agent's Signature, it changi I hereby accept the appointment as registered a | ng Registered Agent: | and accent the ohl. | eations of the position | |
| I hereby accept the appointment as resistered to | | and accept the oon | Sanona of the position. | |
| Signatur | e of New Registered Age. | nt if changing | | |
| Digitalui | , of their regionered rigor | , , , , , , , , , , , , , | | |

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 | | Ada A Rodriguez 1560 Forest Laker Ci | ircle |
| Add | | Florida, 33406 | .ch |
| Remove | | 1601.99 / 7/406 | |
| 2) Change | | | |
| Add | | | |
| Remove | | · | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6)Change | | | |
| Add | | | |
| Remove | | | |

| | icles, enter change(s) here: (Be specific) | |
|---|--|--|
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| If an amandment provides for an evol | nange, reclassification, or cancellation of issued shares, | |
| LI AN AMENUMENT DEUVINES IOI AN EXCH | | |
| provisions for implementing the ame (if not applicable, indicate N/A) | endment if not contained in the amendment itself: | |
| provisions for implementing the ame | endment if not contained in the amendment itself: | |
| provisions for implementing the ame | endment if not contained in the amendment itself: | |
| provisions for implementing the ame | endment if not contained in the amendment itself: | |
| provisions for implementing the ame | endment if not contained in the amendment itself: | |
| provisions for implementing the ame | endment if not contained in the amendment itself: | |

| The date of each amendment(s) adoption: |
|--|
| Effective date if applicable: 07/07/2012 |
| (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 $08/07/2012$ |
| Signature Q 20 00 (COO). |
| (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) |
| Ada A Rodrigues (Typed or printed name of person signing) |
| Title of person signing) |