## P11000101653

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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FILED
12. MAY 29 P 2: 4
FCRETARY OF STATE

T. LEMIEUX

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Division of Comparations	
NAME OF CORPORATION: MARACUYA RES	STAURANT EXITO, INC
DOCUMENT NUMBER: P11000101653	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following	ng:
JOSE A. DE ABREU-GONCAL	VES
(Name of Cont	act Person)
CORPORACION EXITO	
(Firm/ Con	npany)
7315 COLLINS AVENUE	
(Addre	ss)
MIAMI BEACH FL 33141	
(City/ State and	Zip Code)
JIMENEZ7139@ATT.NE	
For further information concerning this matter, please call:	ar report notification)
JOSE A. DE ABREU GONCALVES at (	05 947-0304
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Flo	rida Department of State:
\$35 Filing Fee  \$\Bigcup \\$43.75 Filing Fee & \Bigcup \\$43.75 Filing Certificate of Status	oy 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

MARACUYA RESTAURANT EXITO,INC

(Name of Corporation as current)	y filed with the F	lorida Dept. of State)		
P11000101653				
(Documen	Number of Corpo	oration (if known)		
Pursuant to the provisions of section 617.1 amendment(s) to its Articles of Incorporat		ites, this Florida Not Fo	r Profit Corporation adopts the	followin
A. If amending name, enter the new na	me of the corpora	ntion:		
name must be distinguishable and contain "Company" or "Co." may not be used in		cation" or "incorporated	" or the abbreviation "Corp." o	_The nev or ''Inc.'
<ul> <li>B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)</li> <li>C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)</li> </ul>		N/A		_
		Σ) <b>N/A</b>		
		N/A		-
		13448 BISC	AYNE BLVD	
		NORTH MIAN	//I BEACH,FL 33181	•
				-
D. If amending the registered agent and new registered agent and/or the new			enter the name of the	-
Name of New Registered Agent:	N/A			
	N/A			
New Registered Office Address:	•	(Florida street address)		
	N/A		, Florida N/A	
	(City	v)	(Zip Code)	
New Registered Agent's Signature, if ch I hereby accept the appointment as registe			the obligations of the position.	
Sign	nature of New Reg	istered Agent, if changir	gg	

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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	$\underline{V}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	s	BUENO,GIOCONDA P	19501 W COUNTRY CLUB DR 1009 AVENTURA FL 33180-2475
2) Change	s	PEREIRA GIOCANDA DEL VALLE	19501 W COUNTRY CLUB DR 1009 AVENTURA FL 331802475
3) Change Add Remove			
4) Change Add · Remove			
5) Change Add Remove	<del></del>		
6) Change Add Remove	<del></del>		

If amending or adding additional Ar (attach additional sheets, if necessary).	(Be specific)		
I/A			
		· · · · · · · · · · · · · · · · · · ·	 
- 222			
	<u>.</u>		 
		·	 
		. ,==	

The date of each amendment(s	adoption: MAY 22, 2012
Effective date if applicable:	SAME
	(no more than 90 days after amendment file date)
•	·
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/wewwas/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or n adopted by the board of di	nembers entitled to vote on the amendment(s). The amendment(s) was/were rectors.
MA\	7 23,2012
Dated	1 100:
Signature	lost successor
have no	chairman or vice chairman of the board, president or other officer-if directors to been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)
JOSE A	DE ABREU GONCALVES
<del></del>	(Typed or printed name of person signing)
V. PRES	SIDENT
-	(Title of person signing)