P11000104327

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SECRETARY OF SMILL

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COVER LETTER

Division of Corporations
NAME OF CORPORATION: OWN MEXICO OF PCM, INC.
DOCUMENT NUMBER: P11000104327
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
VESSICA BAUTISTA Name of Contact Person
CA IGUANA MEXICAN CRILL, INC.
2150 MARTIN LUTHER KING JR. BLVD. STE 2234FC
PANAMA CITY FU 32405 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JESSICA BAUTISTA at (850) 250-7252
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 Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)

TO: Amendment Section

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

Old Mexico of PCM, Inc.	OI	
(Name of Corporation as currently fil	led with the Florida Dept. of State)	
P11000104327		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following a	mendment(s) to
A. If amending name, enter the new name of the co	rporation:	
La Iguana Mexican Grill, Inc.		he new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the designation of the contained to the co	d "corporation," "company," or "incorporated" or the abbi " "Inc," or "Co". A professional corporation name must con abbreviation "P.A."	eviation Itain the
B. Enter new principal office address, if applicable:	2150 Martin Luther King Jr. Blvd.	
(Principal office address <u>MUST BE A STREET ADD</u>		
	Panama City, FL 32405	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2150 Martin Luther King Jr. Blvd.	
, <u></u>	Ste. #2234FC	
	Panama City, FL 32405	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		
Name of New Registered Agent N/A	_	
		75 75
	(Florida street address)	CRETARY
New Registered Office Address: N/A	, Florida	
	(City) (Zip Code)	To To
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent.	stered Agent: 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)

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.

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) 1) Change	<u>Title</u>	Name M/A	<u>Addres</u> s
AddRemove			
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5)ChangeAddRemove	···		
6) Change Add Remove			

(attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
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lt an amandmant nearidea for an	ance, reclassification, or cancellation of issued shares.
nrovisions for implementing the amen	ndment if not contained in the amendment itself.
provisions for implementing the amen (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
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(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
If an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment(s) adoption:	2110112
Effective date <u>if applicable</u> :	N/A	
enective date <u>ii applicable</u> :	(no more than 9	() days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/wer		number of votes cast for the amendment(s)
• •	• •	ough voting groups. The following statement vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/wer	e sufficient for approval
by	(voting group)	
	(voting group)	
action was not required.		without shareholder action and shareholder out shareholder action and shareholder
•	2/10/12	
Signature	Jose a. Ban	rstz
sele		er – if directors or officers have not been hands of a receiver, trustee, or other court
	Jose A. Bo	
	(Typed or printed r	name of person signing)
	PRESIDENT	
	(Title of person	signing)