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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Tiny Their House Cuisine Inc.				
DOCUMENT NUMBER: P12000015075				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Maria a. Herrandez Name of Contact Person				
Firm/ Company				
826 NE 92Na Street Address				
Viani Shores, FC 33138 City/State and Zip Code				
Trythainuse Oyahw.com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Vana a. Hernordez at (305) 333-0389  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)				
Mailing Address Amendment Section Amendment Section				

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

FILED 18 SEP 13 AN 10: 25

	of	ation	的 2Fb 13	M In: 25
TINY Thai House	Cuisine In	C.  Dept. of State)	SECRETARY O	F.STATE:
P1200015075			•	LOUIUM:
(Document Nu	mber of Corporation (if know	vn)		
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	i, Florida Statutes, this <i>Florid</i>	<i>la Profit Corporation</i> ad	opts the following a	mendment(s) to
A. If amending name, enter the new name of	of the corporation:			
			TÄ	ie new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	1 "Corp." "Inc." or "Co".	A professional corpora	rated" or the abbr	eviation
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE				
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)  D. If amending the registered agent and/or	ICE BOX) registered office address in	ı Florida, enter the nam	ne of the	
new registered agent and/or the new reg	<u>istered office address:</u>			
Name of New Registered Agent				
	(Florida street ad	dress)		
New Registered Office Address:		, Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if chang I hereby accept the appointment as registered Signature			s of the position.	

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> <u>John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>: Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Carlos F. Sanchez	826 NE 92 St. Viani Shores, FL 33138
Add			Miami Shores, FC 33138
Remove			
2) Change			<del></del>
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6) Change			
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	or adding addi onal sheets, if n	iecessary). (I	Be specific)			
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lf an amendr	ment provides	for an exchang	ge, reclassificat	ion, or cancellati	on of issued shar	es,
provisions f	for implementing pplicable, indic	ng the amendn	nent if not cont	ained in the ame	ndment itself:	
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The date of each amendment(s) adoption: 9 11 203 date this document was signed.	, if other than the
Effective date <u>if applicable</u> :	<del></del>
(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 9 11 2013	
Signature W W	
(By a director, president or other officer - if directors or officers have not been	<del>_</del>
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
<b>n</b>	
Maria a Hernondez	
(Typed or printed name of person signing)	
Typed or printed name of person signing)  President	
(Title of person signing)	