DAWO 76330

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | : #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



000241062130

10/23/12--01011--008 **35.00



Mark 10 Min

COVER LETTER

| TO: Amendment Section Division of Corporations | , | | |
|--|---------------------------|---|--|
| NAME OF CORPORATION: | VICTORIA | RESTAURANT | INC |
| DOCUMENT NUMBER: | P1200007 | 16 330 | <u>.</u> |
| The enclosed Articles of Amenda | ment and fee are submit | tted for filing. | |
| Please return all correspondence | concerning this matter t | to the following: | |
| | CES | AR VALVER | ٥E |
| | | Name of Contact Person | |
| | VICTORIA | RESTAURAN | TINC |
| · · · · · · · · · · · · · · · · · · · | | Firm/ Company | |
| | 15975 Bi | scayne Blu | d |
| | | A d d | |
| | North Mi | iami Beach | FL 33160 . |
| | C | City/ State and Zip Code | |
| | Valverde: C | esar @ yahoo |). Com |
| E-ma | il address: (to be used f | esar C Yahoo or future annual report n | otification) |
| For further information concerning | - | | |
| CESAR VALU | ERDE | at (954 | 658 3325 e & Daytime Telephone Number |
| Name of Contact | Person | Area Cod | e & Daytime Telephone Number |
| Enclosed is a check for the follow | wing amount made paya | able to the Florida Depar | tment of State: |
| | rtificate of Status | 1\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| <u>Mailing Addr</u> Amendment So | | Street A | ddress nent Section |

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

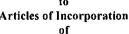
Clifton Building

Amendment Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment Articles of Incorporation



12007 23 M 3.4.

VICTORIA RESTAURANT

(Name of Corporation as currently filed with the Florida Dept. of State)

P12000076330 (Document Number of Corporation (if known)

ent(s) to

| . If amending name, enter the new name of the | ne corporation: | |
|--|--|---|
| | | The |
| ame must be distinguishable and contain the Corp.," "Inc.," or Co" or the designation "(ord "chartered," "professional association," or | Corp," "Inc," or "C | ." "company," or "incorporated" or the abbrev Co". A professional corporation name must conta P.A." |
| . Enter new principal office address, if applic | | 15975 Biscayne Blud North Miami Beach |
| Principal office address <u>MUST BE A STREET</u> | ADDRESS) | North Miami Beach |
| | | FL 33160 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE | | |
| | T PAV | Samo |
| (Mauring address MAT BE A FOST OF FICE | E BOX) | Same |
| (mauing address MAT BE A FOST OFFICE | <u>E BOX</u>) | Same |
| | | |
| . If amending the registered agent and/or registered agent and/or registered agent and/or the new registered agent agent agent and/or the new registered agent agent agent agent agent agent a | ristered office addre | |
| If amending the registered agent and/or reg | ristered office addre | |
| If amending the registered agent and/or reg new registered agent and/or the new register | ristered office addre | |
| If amending the registered agent and/or reg new registered agent and/or the new registe | ristered office addre | ess in Florida, enter the name of the |
| If amending the registered agent and/or reg new registered agent and/or the new register | ristered office address: ered office address: (Florida stree | ess in Florida, enter the name of the et address) |
| If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered Agent Name of New Registered Agent | ristered office addre ered office address: | ess in Florida, enter the name of the |
| If amending the registered agent and/or registered registered agent and/or the new registered agent and/or the new registered agent Name of New Registered Agent New Registered Office Address: | ristered office addresered office address: (Florida stree | ess in Florida, enter the name of the et address) |
| If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered Agent Name of New Registered Agent | ristered office addresered office address: (Florida street) (City) | ess in Florida, enter the name of the et address), Florida |

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 | PT | John Doe | |
|-------------------------------|--------------|------------------|--------------------------|
| X Remove | <u>v</u> | Mike Jones | |
| X Add . | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change | T | BEATRIZ BALBIN | 6720 Nova Drive - St 100 |
| <u>✓</u> Add | | | Davie, FL 33317 |
| Remove | | | |
| 2) Change | <u> </u> | CYNTHIA VALUERDE | 6720 Nova Drive |
| Add | | | Suite 106 |
| Remove | | | Davie, FL 33317 |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | • | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| f amending or adding additional Art attach additional sheets, if necessary). | (Be specific) |
|---|--|
| . N.A | |
| . 10.17 | |
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| an amendment provides for an excl | hange, reclassification, or cancellation of issued shares, |
| orovisions for implementing the ame (if not applicable, indicate N/A) | endment if not contained in the amendment itself: |
| | |
| <i>N</i> ⋅ A | |
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10.18.2012 The date of each amendment(s) adoption: ___ 10 · 18 · 2012 (no more than 90 days after amendment file date) Effective date if applicable: 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 ☐ 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. 10.18.2012 (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) CESAR VALVERDE (Typed or printed name of person signing) PRESIDENT
(Title of person signing)