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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: LA CUEVA	CAFETERIA IN	1C	
DOCUMENT NUM	<sub>век:</sub> Р1200009339	9		
	s of Amendment and fee are st			
Please return all corr	espondence concerning this ma	itter to the following:		
	MARISEL C	CASTRO 12G	OUIERDO	
		Name of Contact Perso		
		Firm Company		
	2742 SW 8 STRE	EET SUITE 4-5		
		Address		
	MIAMI, FLORIDA	A 33135		
		City: State and Zip Cod	८	
***************************************	E-mail address: (to be u	sed for future annual report	notification)	
For further information	m concerning this matter, pleas	se calt:		
		at (	de & Daytime Telephone Number	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:	
S35 Filling Fee	☐\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address		Street Address		
Amendment Section		Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporations Clitton Building		
Tallabace at F1 32314		2661 Evectoix e Center Circle		

Tallahassee, FL 32301

### Articles of Amendment to Articles of Incorporation of

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$\mathcal{J}$	ر الريابية	<b>,</b> , `	<i>:</i> .	;;	٠,

# LA CLIEVA CAFETERIA INC

LA COLVA CAI L'ILNIA INC	FAMILIANDILL, ELD
(Name of Corporation as currently	filed with the Florida Dept. of State)
P12000093399	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 697,1006, Flor its Articles of Incorporation:	ida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to
A. If amending name, enter the new name of the	corporation:
LA CUEVA TABERNA INC	the new
	ord "corporation," "company," or "incorporated" or the abbreviation rp," "Inc," or "Co" A professional corporation name must contain the heabbreviation "PA"
B. Enter new principal office address, if applica	2742 SW 8 STREET
(Principal office address MUST BE A STREET A.	
	MIAMI, FL. 33135
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u></u>
D. If amending the registered agent and/or registered agent and/or the new registered.	tered office address in Florida, enter the name of the
Name of New Registered Agent MARI	SEL CASTRO IZQUIERDO
2742	SW 8 STREET SUITE 4-5
	(Florida sweet address)
New Registered Office Address: MIAN	

Thereby accept the appointment as registered agent—I 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

Example: X Change	<u>PT</u>	John Doc			
X Remove	$\underline{V}$	Mike Jones			
X Add	<u>sv</u>	Satly Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change	Þ	YARICELY ACOSTA	2742 SW 8 STREET		
Add			SUITE 4-5		
Remove			MIAMI, FL 33135		
2) Change	Р	MARISEL CASTRO	2742 SW 8 STREET		
Add			SUITE 4-5		
Remove			MIAMI, FL 33135		
3 + Change					
Ndd					
Remove					
4) Change					
Remove					
5) Change					
Add					
Remove					
6) Change					
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
Remove					
Lamb NUMERIC					

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (If not applicable, indicate NA)	(Attach <i>additione</i>	d sheets, if necessary).	(Be specific)			
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N A)						
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	provisions for	implementing the amen	idment if not cont	ained in the ame	ndment itself:	
	су постру	Rune, marche N 21)				
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The date of each amendment(s) adoption:  date this document was signed.	if other than the
Effective date if applicable: 7/1/2014	
Effective date if applicable: /// // (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 east 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	
Signature U MGD	
(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 (iduciary)	
MARISEL CASTRO IZQUIERDO	
(Typed or printed name of person signing)	<del></del>
PRESIDENT (Title of person signing)	
(Title of person signing)	