Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((II130002623713)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (950)617-6390

From:

Account Name : LEGACY TAX.INC.

Account Number : 120120000069

Fax Number

:1 (561)683-3000 : (361)965-0938

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*
Email Address: Alport @ FP Financial. Com

COR AMND/RESTATE/CORRECT OR O/D RESIGN

LA BRASA RESTAURANT 3 INC

Certificate of Status	0
Certified Copy	0
Page Count	06_
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

H130002623713

Page: 2

H130002623713

## COVER LETTER

TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: LA BRASA RESTAURANT 3 INC					
DOCUMENT NUMBER: P13000012240					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
ARNALDO J. COUCELO					
Name of Contact Person LEGACY TAX INC	l				
Firm/ Company					
1818 S. AUSTRALIAN AVE., SUI	TE 202				
Address WEST PALM BEACH, FL 33409					
City/ State and Zip Code	<u> </u>				
ALBERT@LFPFINANCIAL.COM					
E-mail address: (to be used for future annual report	notification)				
For further information concerning this matter, please call:					
ARNALDO J. COUCELO at ( 561	683-3000 de & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:					
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status  Certificate of Status  (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Amendment Section Amend Division of Comparations Division	Address Iment Section on of Corporations Building				
Tallahassee, FL 32314 2661 F	Executive Center Circle				

12/3/2013 07:07

TO:18506176380 FROM:5619650938

Page: 3

H130002623713

Articles of Amendment Articles of Incorporation

## LA BRASA RESTAURANT 3 INC

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

P13000012240

(Document Number of Corporation (if known)

nent(s) to

	<u>ie corporation:</u>		
	· · · · · · · · · · · · · · · · · · ·		The
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Covord "chartered," "professional association," or	Corp," "Inc," or "Co". A pro	ny," or "incorporated" or the fessional corporation name mu	abbrevi
B. Enter new principal office address, if applic (Principal office address <u>MUST BE A STREET</u>	able: <u>ADDRESS</u> )		
	<del></del>	4	
		, No.	
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		da, enter the name of the	
Name of New Registered Agent			
	(Florido street address)	<b></b>	
New Registered Office Address:	(City)	, Florida (Zip Code)	
New Registered Office Address:		, Florida (Zip Code)	<u>-</u> -
New Registered Office Address:  New Registered Agent's Signature, if changing	(Citvi	, Florida (Zip Code)	

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If amending the Officers aud/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer aud/or Director being added:

(Attach additional sheets, if necessary)

Please note the officeredirector 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 fallowing 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>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>P</u>	MELISSA ORCINOLO	
Add			
Remove			
2) Change	P	ANTHONY ORCINOLO	11636 PONYWALK TRAIL
Add			BOYNTON BEACH, FL
Remove			33473
3) Change			
Add			****
Remove			-
4) Change			
Add			
Remove			
Kelliote	•		
5) Change			
Add			
Remove			
6) Change			<del></del>
Add			
Remove			

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an amendment provides for an exchange, reclassification, or cancellation of issued shares, revisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate Not)		sheets, if necessar	v). (Be specific	y		
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The date of each amendment(s) at	loption:	, if other than the
date this document was signed.		
Effective date if applicable:		_
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the amendment(s) flicient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
•	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	12/3/20,3	
Signature		<del></del>
selecto	lirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	MELISSA ORCINOLO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<del></del>

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