

P13000031324

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
SPANISH GOURMET EXPERIENCE INC.**

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August 29, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SPANISH GOURMET EXPERIENCE INC.
701 BRICKELL AVENUE
1550
MIAMI, FL 33131

SUBJECT: SPANISH GOURMET EXPERIENCE INC.
REF: P13000031324

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

There should be a period after INC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Tina D Carter
Regulatory Specialist

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

H14000202794

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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Articles of Amendment
to
Articles of Incorporation
of

SPANISH GOURMET EXPERIENCE INC.

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

P13000031324

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)1300 NW 84 AVE
DORAL, FL 33126C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)1300 NW 84 AVE
DORAL, FL 33126D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent JUAN VILLARINO
50 BISCAYNE BLVD APT 2911
(Florida street address)

New Registered Office Address: MIAMI, Florida 33132
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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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 V Mike Jones
 X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ☐ Change	S	ENRIQUE ORTIZ-RICCI	8542 NW 111ST CT
☐ Add			DORAL, FL 33178
☒ Remove			
2) ☐ Change			
☐ Add			
☐ Remove			
3) ☐ Change			
☐ Add			
☐ Remove			
4) ☐ Change			
☐ Add			
☐ Remove			
5) ☐ Change			
☐ Add			
☐ Remove			
6) ☐ Change			
☐ Add			
☐ Remove			

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E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

F. 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 N/A)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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The date of each amendment(s) adoption: 08-28-14, if other than the
date this document was signedEffective date if applicable: 08-28-14
(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 08/26/2014

Signature

(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)

JUAN VILLARINO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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