

P130000033096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

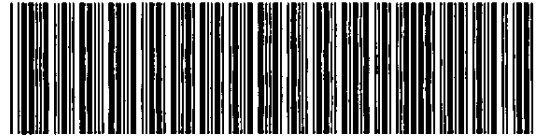
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200255868742

01/30/14--01027--018 **43.75

FILED
SECRETARY OF STATE
DEPARTMENT OF REFORMATION
14 JAN 30 PM 12:43

Amend/CC
@ 2.4.14

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: RUBY-GIN FAMILY CUISINE, INC.

DOCUMENT NUMBER: P13000033096

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GUILLERMA M. CABUYAO

Name of Contact Person

RUBY-GIN FAMILY CUISINE, INC.

Firm/ Company

201 CAMELFORD PLACE

Address

PENSACOLA, FLORIDA 32506

City/ State and Zip Code

lolojess75@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUSTO T. RUIZ at (850) 501 2686
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:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|--|--|--|--|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

RUBY-GIN FAMILY CUISINE, INC.

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

P13000033096

(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:

N/A

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)**

**201 CAMELFORD PLACE
PENSACOLA, FLORIDA
32506**

**C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)**

**SAME
SAME
SAME**

D. 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 **N/A**

N/A

(Florida street address)

New Registered Office Address: **N/A**, Florida
(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

FILED STATE OF
FLORIDA
14 JAN 30 PM 12:43

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:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PRES.</u>	<u>GUILLERMA M. CABUYAO</u>	<u>201 CAMELFORD PLACE</u> <u>PENSACOLA, FLORIDA</u> <u>32506</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>PRES</u>	<u>JUSTO T. RUIZ</u>	<u>6510 ANTIETAM DR.,</u> <u>PENSACOLA, FLORIDA</u> <u>32503</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>GINA QUIMINIANO</u>	<u>201 CAMELFORD PLACE</u> <u>PENSACOLA, FLORIDA</u> <u>32506</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VP</u>	<u>JUSTO T. RUIZ</u>	<u>6510 ANTIETAM DR.,</u> <u>PENSACOLA, FLORIDA</u> <u>32503</u>
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>SE/TR</u>	<u>RUBY QUIMINIANO</u>	<u>201 CAMELFORD PLACE</u> <u>PENSACOLA, FLORIDA</u> <u>32506</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>SE/TR</u>	<u>JUSTO T. RUIZ</u>	<u>6510 ANTIETAM DR.,</u> <u>PENSACOLA, FLORIDA</u> <u>32503</u>

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

N/A

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)

N/A

SECTION 8 - DISCLOSURE OF INTERESTED PARTIES

Note: Failure to disclose an interest, direct or indirect, could result in denial, suspension and/or revocation of your license. You MUST list all persons and entities in the entire ownership structure. To determine which of those persons must submit fingerprints and a Related Party Personal Information, sheet, see the fingerprint section in the application instructions.

Business Name (D/B/A)
RUBY-GIN FAMILY CUISINE, INC.

1. When applicable, complete the appropriate section below. Attach extra sheets if necessary.

Title/Position	Name	Stock %
CORPORATION- List all officers, directors, and stockholders		
President	Guillermo M. Cabuyao	51
Vice-President	Gina Quiminiano	25
Secretary/ Treasurer	Ruby Quiminiano	24
Registered Agent/Accountant	Justo T. Ruiz	-0-

GENERAL PARTNERSHIP - List all general partners		

LIMITED LIABILITY COMPANY - List all managers (member & non-member), directors, officers, and members		

LIMITED PARTNERSHIP - List all general and limited partners.		

LIMITED LIABILITY PARTNERSHIP - List all partners		

Bar Manager (Fraternal Organizations of National Scope only):

OTHER INTERESTS

These questions must be answered about this business for every person or entity listed as the applicant

1. Are there any persons or entities not disclosed who have loaned money to the business?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2. Are there any persons or entities not disclosed that derive revenue from the license solely through a contractual relationship with the licensee, the substance of which is not related to the control of the sale of alcoholic beverages, or is exempt by statute or rule?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3. Are there any persons or entities not disclosed that have the right to receive revenue based on a contractual relationship related to the control of the sale of alcoholic beverages?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
4. Are there any persons or entities not disclosed who have a right to a percentage payment from the proceeds of the business pursuant to the lease?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
5. Are there any persons or entities not disclosed who have guaranteed the lease or loan?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
6. Are there any persons or entities not disclosed who have co-signed the lease or loan?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
7. Is there a management contract, franchise agreement, or concession agreement in connection with this business?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
8. Have you or anyone listed on this application, accepted money, equipment or anything of value in connection with this business from any industry member as described in 61A-1.010, Florida Administrative Code?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If you answered yes to any of the above questions, a copy of the agreement must be submitted with this application. The terms of the agreement may require the interested persons or parties related to an entity to submit fingerprints and a related party personal information sheet.

The date of each amendment(s) adoption: JANUARY 27, 2014, if other than the date this document was signed.

Effective date if applicable: JANUARY 27, 2014
(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 JANUARY 27, 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)

JUSTO T. RUIZ

(Typed or printed name of person signing)

REGISTERED AGENT

(Title of person signing)