# P13000033096

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SECRETARY OF STATE DIVISION OF CORPORATION

047/15

#### **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 f	for filing.		
Please return all correspondence concerning this matter to the	following:		
JUSTO T, RUIZ			
Name	e of Contact Person		
RUBY-GIN FAMILY C	UISINE, INC.		
	irm/ Company		
221 NEW WARRINGT	ON RD.,		
	Address		
PENSACOLA, FLORIC	DA 32506		
♣ City/	State and Zip Code		
lalaioss75@vahaa aam			
lolojess75@yahoo.com  E-mail address: (to be used for fu			
estimate adultess. (to de used for th	mre annuai report nomicanon)		
For further information concerning this matter, please call:			
JUSTO T, RUIZ	_at (850 ) 516 1415		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to	o the Florida Department of State:		
Certificate of Status Cert (Add	75 Filing Fee & Certificate of Status Certified Copy Itional copy is Certified Copy (Additional Copy is enclosed)		
Minister and A. S.	•		
Mailing Address  Amendment Section	Street Address Amendment Section		
Division of Corporations Division of Corporations			
P.O. Box 6327 Clifton Building			

2661 Executive Center Circle Tallahassec, FL 32301

Tallahassee, FL 32314

# **Articles of Amendment** Articles of Incorporation



### RUBY-GIN FAMILY CUISINE, INC.

(Name of Corporation as	s currently filed with the F	orida Dept. of State)		
P 13000033096				
· (Documen	nt Number of Corporation (it	known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation adopts the follo	owing amendment(s) to	
A. If amending name, enter the new na	ame of the corporation:			
name must be distinguishable and con	nation "Corp," "Inc," or "(	n," "company," or "incorporated" or the Co". A professional corporation name m.P.A."		
B. Enter new principal office address, if applicable:		221 NEW WARRINGTON RD.,		
(Principal office address <u>MUST BE A S</u>		PENSACOLA, FL 3250	6	
			<del></del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		221 NEW WARRINGTON R	D.,	
		PENSACOLA, FL 3250	6	
			<del></del>	
D. If amending the registered agent an new registered agent and/or the new				
Name of New Registered Agent	N/A	•		
	N/A	· · · · · · · · · · · · · · · · · · ·		
	(Florida stre	eet address)		
New Registered Office Address:	N/A	, Florida		
	(City)	(Zip Code	)	
New Registered Agent's Signature, if c l hereby accept the appointment as regist		rith and accept the obligations of the positi	on.	
	N/A			
Si	gnature of New Registered A	gent, if changing		

#### 12/08/2014

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> <u>John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	GINALYN M. MORALES	201 CAMELFORD PLACE
Add	<del></del>		PENSACOLA, FL 32506
Remove			
2) Change	VP	GINA QUIMINIANO	201 CAMELFORD PLACE
Add			PENSACOLA, FL 32506
Remove			
3) Change	CORPORATE	JUSTO T, RUIZ	6510 ANTIETAM DR.,
Add	ACCT 'NT		PENSACOLA, FL 32503
Remove			
4) Change			<u> </u>
Add			
Remove			
5) Change	<u></u>		
Add			
Remove			
6) Change			
Add			
Remove			

## 12/08/2014

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provisions for implementing the amendr	ge, reclassification, or cancellation of issue- ment if not contained in the amendment itse	
(if not applicable, indicate N/A)		
President	Guillerma M. Cabuyao	29 % Shar
V-President	GinelynM. Moreles	10 % Sher
Sec /T rea	Rubyenn Quiminiano	10 % Shar
Corporate Accountant	Justo T. Ruiz	51 % Shar
and Registered Age		
21.2 1.20		<del> </del>

The date of each amendmen		FILE SECRETARY DIVISION OF CO	AF STATE	, if other than the
date this document was signed		15 JAN -2		
Effective date if applicable:	08 DECEMBER 2014	after amendment file da		_
	(no more inan 90 aays	ajter amenament jite aa	te)	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )			
The amendment(s) was/we by the shareholders was/w	ere adopted by the shareholders. The numbers sufficient for approval.	er of votes cast for the ar	mendment(s)	
	ere approved by the shareholders through veled for each voting group entitled to vote se			
"The number of vote	s cast for the amendment(s) was/were suffi	cient for approval		
by	(voting group)	>>		
	(voling group)			
The amendment(s) was/we action was not required.	ere adopted by the board of directors without	ut shareholder action and	shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without sh	areholder action and shar	eholder	
Dated 08	DECEMBER 2014			
Signature _	Mo m			<del></del>
S	By a director, president of other officer – if elected, by an incorporator – if in the hand ppointed fiduciary by that fiduciary)	directors or officers have s of a receiver, trustee, or	e not been other court	
	JUSTO T. RUIZ			
	(Typed or printed	name of person signing)		_
	REGISTERED AGENT and		COLINTANT	

(Title of person signing)