

PI3000057420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

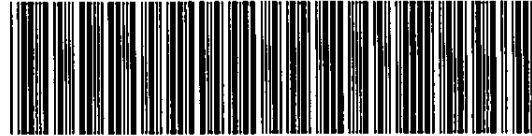
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Amend

09/17/15--01017--012 **35.00

FILED
2015 SEP 16 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 17 2015
A RAMSEY



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2015

Maria R. Puentes
Los Rumberos Restaurant Corp
15732 NW 37 PL
Miami Gardens, FL 33054

SUBJECT: LOS RUMBEROS RESTAURANT CORP.
Ref. Number: P13000057420

We have received your document for LOS RUMBEROS RESTAURANT CORP., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

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

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 715A00019016

RECEIVED
15 SEP 16 PM 3:07
DEPARTMENT OF STATE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LOS RUMBEROS RESTAURANT CORP.

DOCUMENT NUMBER: P13000057420

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

Please return all correspondence concerning this matter to the following:

MARIA R. PUENTES

Name of Contact Person

LOS RUMBEROS RESTAURANT CORP.

Firm/ Company

15732 NW 37 PL

Address

MIAMI GARDENS FLORIDA 33054

City/ State and Zip Code

MARYPUENTES200342@YAHOO.COM

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

For further information concerning this matter, please call:

SONIA JIMENEZ

at (305) 9168552

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:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$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

RECEIVED

15 SEP - 9 AM 9:49

Articles of Amendment
to
Articles of Incorporation
of

FILED

LOS RUMBEROS RESTAURANT CORP.

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

P13000057420

(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**)

3820 NW 135 ST BAY#A&B

OPALOCKA FLORIDA 33054

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

3820 NW 135 ST BAY#A&B

OPALOCKA FLORIDA 33054

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 MARIA R. PUENTES

15732 NW 37 PL

(Florida street address)

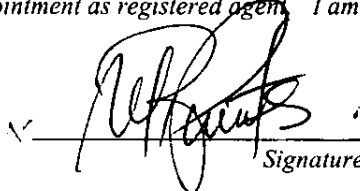
New Registered Office Address: MIAMI GARDENS FLORIDA, Florida 33054

(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

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)

09-01-2015

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

09-01-2015

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 09-01-2015

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)

MARIA R. PUENTES

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)