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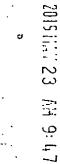
Office Use Only

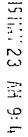


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R. WHITE MAY 24 2019





# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: OLI MAMBO RES	STAURANT INC	<del></del>	
DOCUMENT NUME	BER: P13000057793		<u>-</u>	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	•	Name of Contact Persor	1	
	BELAIR ACCOUNTING SERVICES, INC.			
		Firm/ Company	·	
	1627 E. VINE STREET, SU	TE 110		
•		Address		
	KISSIMMEE, FL 34744			
		City/ State and Zip Code	e	
adlus	h@aol.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
LUIS R. CALDERON	4	at ( <u>407</u>		
Name o	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status	
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301	



April 13, 2019

LUIS R CALDERON 1627 E VINE ST STE 110 KISSIMMEE, FL 34744

SUBJECT: OLI MAMBO RESTAURANT INC

Ref. Number: P13000057783

We have received your document for OLI MAMBO RESTAURANT INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Rebekah White Regulatory Specialist III

Letter Number: 019A00007482



# FLORIDA DEPARTMENT OF STATE Division of Corporations

April 27, 2019

LUIS R CALDERON 1627 E VINE ST STE 110 KISSIMMEE, FL 34744

SUBJECT: OLI MAMBO RESTAURANT INC

Ref. Number: P13000057783

We have received your document for OLI MAMBO RESTAURANT INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

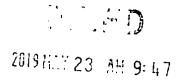
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Rebekah White Regulatory Specialist III

Letter Number: 619A00008459 23 PH

### Articles of Amendment to Articles of Incorporation of



## OLI MAMBO RESTAURANT INC

with the Florida Dept. of State)
LAL T
oration (if known)
da Profit Corporation adopts the following amendment(s)
The new
company," or "incorporated" or the abbreviation A professional corporation name must contain the
<del></del>
•
<del> </del>
Florida, enter the name of the
This ida, enter the name of the
dress)
, Florida (Zip Code)
,
nd accept the obligations of the position.
red Agent, if changing

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	<u>V</u>	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	P	OVALLES, YOUANDA M	551 NEPTUNE BAY CIRCLE
X Add			SAINT CLOUD, FL 34769
Remove			
2) Change	P	FERNANDEZ, RODOLGO E.	5330 SILVER THISTLE LANE
Add			SAINT CLOUD, FL 34772
X Remove			
3) Change			,
Add			
Remove			
4) Change			<u> </u>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	essary). (Be	specific)			
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f an amendment provides fo	r an exchange	, reclassificatio	n, or cancellation	of issued shares,	
provisions for implementing	the amendme	, reclassification	n, or cancellation ned in the amend	of issued shares, ment_itself:	
f an amendment provides fo provisions for implementing (if not applicable, indicat	the amendme	<u>, reclassificatio</u> ent if not contai	n, or cancellation ned in the amend	of issued shares, ment itself:	
provisions for implementing	the amendme	, reclassificatio ent if not contai	n, or cancellation ned in the amend	of issued shares, ment itself:	
provisions for implementing	the amendme	, reclassificatio ent if not contai	n, or cancellation ned in the amend	of issued shares, ment itself:	
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provisions for implementing	the amendme	, reclassificatio	n, or cancellation	of issued shares, ment itself:	
provisions for implementing	the amendme	, reclassificatio	n, or cancellation	of issued shares, ment itself:	

• •	APRIL 23, 2019	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
A Effective date <u>if applicable</u> :	PRIL 23, 2019	
in approxime.	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this of Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	:(s)
	approved by the shareholders through voting groups. The following states for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were a action was not required.	edopted by the board of directors without shareholder action and sharehold	der
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
APRIL. Dated	23, 2019	
Signature	a lade M. Doubles	
(By selec	a director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other cobinted fiduciary by that fiduciary)	
	YOLANDA M. OVALLES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	