P130083748

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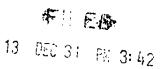
JAN 0'8' 2014 R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: MANNY CA	FE AND REST	AURANT, Inc.	
DOCUMENT NUMBI	er: P1300008374	8		
	Amendment and fee are sub			
Please return all corresp	ondence concerning this mat	ter to the following:		
ļ	KALLEN PENA			
_		Name of Contact Person		
1	MANNY CAFE AND RESTAURANT, Inc.			
_		Firm/ Company		
	2291 NW 36th St	reet		
-	<u> </u>	Address		
1	Miami, Florida 33186			
-		City/ State and Zip Code		
kalle	enarroliga@hotm	ail com		
- Kalik		ed for future annual report	notification)	
For further information Kallen Arrolig	concerning this matter, pleas		991-7387	
	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	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)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divis P.O.	ing Address ndment Section ion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301	

Articles of Amendment Articles of Incorporation of



MANNYS CAFE AND RESTAURANT, Inc.

P13000083748	currently filed with the F	lorida Dept. of State)	MALIA ESSENT
	t Number of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation a	dopts the following amendment(
A. If amending name, enter the new na	me of the corporation:		
			The new
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or '	'Co". A professional corpor	
B. Enter new principal office address, (Principal office address MUST BE A ST	if applicable:	0004 NIM 0045	Ctro of
(Trinciput office unuress stoot be 718)	(MEET ADDITESS)	2291 NW 36th	
		Miami, FL 3314	-2
C. Enter new mailing address, if appli (Mailing address MAY BE A POST (
		2920 NW 4th S	treet
		Miami, FL 3312	25
D. If amending the registered agent an new registered agent and/or the new			me of the
Name of New Registered Agent	Kallen Pena		
	2920 NW 4th S	treet	-
	·	reet address)	-
New Registered Office Address:	Miami	, Florida	33125
	(City))	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist Si		with and accept the obligation	ns of the position.

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>	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	D/P	Rodolfo Amado Mora	441 Lafayette Dr.
Add			Miami Springs, FL 33166
Remove			
2) Change	PT	Kallen Pena	2920 NW 4th Street
Add			Miami, FI 33125
Remove			
3) Change	<u>V</u>	Jorge Cruz	441 Lafayette Dr.
Add			Miami Springs, FL 33166
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	icles, enter change(s) here: (Be specific)
-	
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If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the amer	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the amer	endment if not contained in the amendment itself:
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provisions for implementing the amer	endment if not contained in the amendment itself:
provisions for implementing the amer	endment if not contained in the amendment itself:

The date of each amendment(s) addate this document was signed.	option: 12/20/2013	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopaction was not required.	oted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adoption was not required.	oted by the incorporators without shareholder action and shareholder	
Dated_12/20/20	13	
Signature	eller Peia.	
selected	rector, president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
1	Kallen Pena	
	(Typed or printed name of person signing)	
_	President	
	(Title of person signing)	