P1400017004

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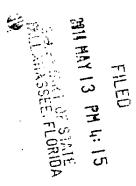
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TRES AMIG	OS MEXICAN RI	ESTAURANT INC			
DOCUMENT NUMBER: P14000017004						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
	Д	NA E ROSARIO				
_		Name of Contact Persor	1			
F	MERICAN TAX	& PAYROLL SE	RVICES LLC			
		Firm/ Company				
1	1015 SR 436 SUITE 105					
-		Address				
(CASSELBERRY,	FL 32707				
		City/ State and Zip Code	e			
ATA	XSERVICES@Y	AHOO.COM				
	_	ed for future annual report	notification)			
For further information concerning this matter, please call:						
ANA E ROSA	RIO	_{at (} 407	, 767-1647			
Name of	Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	he following amount made p	payable to the Florida Depa	artment of State:			
□ \$35 Filing Fee	S43.75 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)			
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 bassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations a Building Executive Center Circle assee, FL 32301			

Articles of Amendment

to Articles of Incorporation

FILED

TRES AMIGOS MEXICAN RESTAURANTING 3 PM 4: 15

(Name of Corporation as currently filed with t	
P14000017004	MALLAHASSEE, FLORIDA
(Document Number of Corporation	on (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>ı:</u>
	The new
name must be distinguishable and contain the word "corpor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviati	or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add	
Name of New Registered Agent	
(Florie	da street address)
New Registered Office Address:	Florida
	(City) (7ip Code)
New Registered Agent's Signature, if changing Registered A	gent:
I hereby accept the appointment as registered agent. I am fami	
Signature of New Posito	

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 Evecutive 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	VP	JOSE L TORRES	677 JAMES TOWN BLVD
Add			ALTAMONTE SPRINGS
Remove			FLORIDA 32714
2) Change			
Add	· · · · · ·		
Remove			
3) Change			
Add			
Remove			
4) Change			
Add	-		·
Remove			
5) Change			
Add			
Remove			
6) Change		_	_
Add			
Remove			

ttach additional sheets, if necessary).	les, enter change(s) here: (Be specific)	
	_	
		- <u></u>
		
		
an amendment provides for an exch	ange, reclassification, or cancellation of i	ssued shares,
	ndment if not contained in the amendmer	t itseii:
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		

The date of each amendment(s) adoption: APRIL 1,2014	_, if other than the
date this document was signed.	
Effective date if applicable: APRIL 1,2014	
(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 APRIL 1,2014	
Signature Africa Zendesas Angel (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)	
ALFREDO ZENDEJAS ANGEL	_
(Typed or printed name of person signing)	
PRESIDENT Alfredo Zendejas Angel (Title of person signing)	_