

P1500023634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

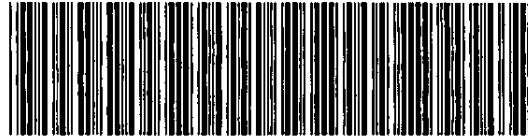
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

2box. Checked
- write name of
Corp.

Office Use Only



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11/12/15--01018--001 **35.00

And

DEC 09 2015

R. WHITE

FILED
15 DEC -7 AM 10:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 16, 2015

LILIANA SUNER
10002 RATCLIFF CT
ORLANDO, FL 32825

SUBJECT: EL RANCHON LATINO, INC
Ref. Number: P15000023634

We have received your document for EL RANCHON LATINO, 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 print the name of the corporation on the top of page 1. Also, you have checked multiple boxes on page 4 under adoption of amendment. Please only check one box.

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 II

Letter Number: 615A00024176

RECEIVED
15 DEC -7 AM 11:12

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: EL RANCHON LATINO, INC.

DOCUMENT NUMBER: P15000023634

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

Please return all correspondence concerning this matter to the following:

LILIANA SUNER

Name of Contact Person

EL RANCHON LATINO, INC.

Firm/ Company

10002 RATCLIFF CT

Address

ORLANDO, FL 32825

City/ State and Zip Code

KARENJOA29@GMAIL.COM

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

For further information concerning this matter, please call:

LILIANA SUNER

Name of Contact Person

at (407)

970-2769

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

Articles of Amendment
to
Articles of Incorporation
of

EL RANCHON LATINO, INC.

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

P15000023634

(Document Number of Corporation (if known))

FILED

15 DEC -7 AM 10: 36

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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**)

LILIANA SUNER

10002 RATCLIFF CT

ORLANDO, FL 32825

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

10002 RATCLIFF CT

ORLANDO, FL 32825

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 LILIANA SUNER

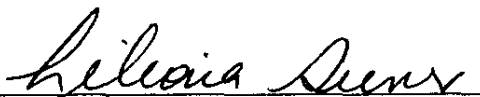
10002 RATCLIFF CT

(Florida street address)

New Registered Office Address: ORLANDO, Florida 32825
(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

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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

| Type of Action (Check One) | Title | Name | Address |
|--|----------|------------------------|--------------------------|
| 1) <input type="checkbox"/> Change | <u>P</u> | <u>JUANA KAREN JOA</u> | <u>10002 RATCLIFF CT</u> |
| <input type="checkbox"/> Add | | | <u>ORLANDO, FL 32825</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 2) <input type="checkbox"/> Change | <u>P</u> | <u>LILIANA SUNER</u> | <u>10002 RATCLIFF CT</u> |
| <input checked="" type="checkbox"/> Add | | | <u>ORLANDO, FL 32825</u> |
| <input type="checkbox"/> Remove | | | |
| 3) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 4) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 5) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |

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)

11/6/2015

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

11/6/2015

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

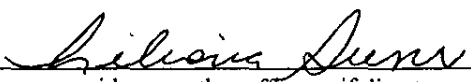
by _____"
(voting group)

☒ 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.

11/6/2015
Dated _____

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)

LILIANA SUNER

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)