# P15000029814

(I	Requestor's Name)			
(/	Address)			
(,	Address)			
(1	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
. (1	Business Entity Name)			
(1	Document Number)			
Certified Copies	Certificates of S	Status		
Special Instructions to Filing Officer:				

Office Use Only



900278963249

11/09/15--01047--004 \*\*35.00

DIVISION OF CORPARY LINE

NOV 1 0 2015

**C** LEWIS



### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 22, 2015

MARIA F. DIAZ / TIO CALI'S LA VARA GRILL, INC 201 HARBOR CITY BLVD APT H342 INDIAN HARBOUR BEACH, FL 32937 US

SUBJECT: TIO CALI'S LA VARA GRILL INC.

Ref. Number: P15000029814

We have received your document for TIO CALI'S LA VARA GRILL INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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

Letter Number: 115A00022345

Carolyn Lewis Regulatory Specialist II

www.sunbiz.org

#### **COVER LETTER**

TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: TIO Cali'S la Vaya Grill, Inc.  DOCUMENT NUMBER: P15000029814					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Maria F. Diaz  Name of Contact Person  Tio Cali's La Vara Grill, Inc.  Firm/ Company  201 Harbor City Blvd Apt #H342  Address  Inclian Harbor Beach, IC 32937  City/ State and Zip Code  Ferchis 3778@Gmail.Com  E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Maria F. Diaz  Name of Contact Person  at (321 ) 525-2419  Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  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**

Tio Cali's La Va	ra Grill Inc. 15 NOV-9 AM 9:17
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
PISOOOD29814	
· (Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NIA.	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	NIA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office add	dracs in Florida, autor the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address:	, Florida
ivew negistered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	n <u>t:</u> 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: X Change	<u>PT</u>	John Do	₫			
X Remove	<u>v</u>	Mike Jones				
	_ <u>sv</u>	Sally Sm				
Type of Action (Check One)	Title		<u>Name</u>		Address	
1) Change 50/.	Ouner		Akhilesh	<u>Sveenagesh</u>	1027 Honewood Ave	
_X_ Add					Melbourne, FC 32940	
Remove					<del></del>	
2) Change		_				
Add					1 10000	
Remove						
3 ) Change		_				
Add						
Remove					<del></del>	
4) Change		_				
Add						
Remove					<del></del>	
5) Change		_				
Add						
Remove						
6) Change		_				
Add						
Remove						

(Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
1/ 0	
NIA	
<del></del>	
	· · · · · · · · · · · · · · · · · · ·
·	
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame-	ndment if not contained in the amendment itself:
(if not applicable indicate N/4)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)  N/A	
(if not applicable, indicate N/A)	· · · · · · · · · · · · · · · · · · ·
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	10/12/2015	if other than the			
date this document was signed.		DIVISES SAFTY OF STATE			
Effective date <u>if applicable</u> : 10/12/	(no more than 90 days after amendment file date)	15 NOV -9 AM 9: 17			
•	(no more than 90 days after amendment file date)	AM 9: 17			
Note: If the date inserted in this block does not document's effective date on the Department of St	meet the applicable statutory filing requirements, this date's records.	ate will not be listed as the			
Adoption of Amendment(s) (CHE)	CK ONE)				
The amendment(s) was/were adopted by the shareholders was/were sufficient for app	areholders. The number of votes cast for the amendment proval.	(s)			
	hareholders through voting groups. The following statem roup entitled to vote separately on the amendment(s):	nent			
"The number of votes cast for the amendr	· · · · · · · · · · · · · · · · · · ·				
by2-2.	g group)				
(voting	g group)				
☐ The amendment(s) was/were adopted by the bo action was not required.	ard of directors without shareholder action and sharehold	ler			
The amendment(s) was/were adopted by the incaction was not required.	corporators without shareholder action and shareholder				
Dated /0/12/15					
Signature Charafer	muscle Digz				
(By a director, preside	ent or other officer – if directors or officers have not been	<del></del>			
	orator - if in the hands of a receiver, trustee, or other cou	irt			
appointed fiduciary by	y that fiduciary)				
Ma	ang Fermanda Diaz				
(T)	yped or printed name of person signing)				
A	Resident.				
(Title of person signing)					