Florida Department of State Division of Corporations

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(((H15000195354 3)))



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Account Number : 120100000060

Fax Number

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Email	Address	:
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COR AMND/RESTATE/CORRECT OR O/D RESIGN PERUVIAN AND LATIN RESTAURANT CORP.

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Corporate Filing Menu

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8/12/2015

August 19, 2015

FLORIDA DEPARTMENT OF STATE

PERUVIAN AND LATIN RESTAURANT CORP. 7250 WEST 24 AVE SUITE 7-8

HIALEAH, FL 33016

SUBJECT: PERUVIAN AND LATIN RESTAURANT CORP.

REF: P15000044375

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The incorrect form was submitted. Please complete form pursuant to a Florida Profit Corporation, section 607.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair Regulatory Specialist II FAX Aud. #: H15000195354 Letter Number: 015A00017492

P.O BOX 6327 - Tallahassee, Florida 32314

Articles of Amendment Articles of Incorporation of

PERUVIAN AND LATIN RESTAURANT CORP.			.D
(Name of Corporat	ion as currently filed with the Florida Dept. of State)	ीं ≰्र	-32
P15000044375			C
(Docus	ment Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florid	la Statutes, this Florida Profit Corporation adopts the follow	્યું. ing amend m e	· nt(s)
ts Articles of Incorporation:			
. If amending name, enter the new name of the c	orporation:		
•		The new	
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	rd "corporation," "company," or "incorporated" or the o," "Inc," or "Co". A professional corporation name mus abbreviation "P.A."	abbreviation t contain the	
Enter new principal office address, if applicable	er	···	
Principal office address <u>MUST BE A STREET AD</u>	<u></u>		•
; ;			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	X) ·		
•			
Q	•		
 If amending the registered agent and/or registered new registered agent and/or the new registered 	red office address in Florida, enter the name of the		
M	· · · · · · · · · · · · · · · · · · ·		
Name of New Registered Agent			
			:
; {	(Florida street address)		
New Registered Office Address:	, Florida		
÷	(City) (Zip	Code)	
	•		
ew Registered Agent's Signature, if changing Reg	istered Agents		
hereby, accept the appointment as registered agent.	istered Agent; I am familiar with and accept the obligations of the position.		
Ų			
B			
Signe	ature of New Registered Agent, if changing	- -	

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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.

X Change	<u>PT Jo</u>	ohn Doe	
X Remove	<u>v</u> <u>m</u>	like Jones	
_X Add	<u>SV</u> Si	ally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
l)Change	P	ALFREDO QUINTANA	4940 NW 182 STREET
Add			MIAMI GARDENS FL 33055
X Remove			
2)Change	P	NILDA R DE LA ROSA DIAZ	7287 WEST 24 AVE APT 159
X Add		•	HIALEAH FL 33016-6555
Remove			
3) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5)Change			
Add	-		
Remove			
6)Change			
Add			
Remove			

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Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
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<u></u>	
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<u> </u>	
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f an amendment provides for an excha	ange, reclassification, or cancellation of issued shares.
provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
f an amendment provides for an excha provisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
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	08/12/2015	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	In Mare	
	/12/2015	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendme sufficient for approval.	ınl(s)
	oproved by the shareholders through voting groups. The following stan or each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes eas	t for the amendment(s) was/were sufficient for approval	
bv	**	
	(voting group)	
action was not required.	lopted by the board of directors without shareholder action and shareholder lopted by the incorporators without shareholder action and shareholder	
action was not required.		
08/12/20	5	
DatedSignature	Nosa	
(By a select	director, president or other officer – if directors or officers have not be ed, by an incorporator – if in the hands of a receiver, trustee, or other on ted fiduciary by that fiduciary)	
• •	NILDA R DE LA ROSA DIAZ	
5	(Typed or printed name of person signing)	
•	PRESIDENT	
;	(Title of person signing)	

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