P9300000 9043

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| · · |
| (City/State/Zip/Phone #) |
| (Sity) State (2) pri Hone #/ |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |
| |

Office Use Only



500155740285

05/11/09--01030--002 **35.00

FILED

09 MAY II AM 8: 35
SECRETARY OF STATE
TALLAHASSEE, FLORID.

Amena C.COULLIETTE

MAY 1 9 2889

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF COR | PORATION: | FOUR | WHE | ELS R | ESTAL | JRAN | T, CORP. |
|--------------------------|--------------------------------------|--|------------------------------|---------------------------------------|-------------|-------------|---|
| DOCUMENT N | UMBER: | | | P9 3 | 300000 | 9043 | |
| The enclosed Arti | icles of Amendmen | t and fee are | submitt | ed for fi | ling. | | |
| Please return all c | orrespondence con | cerning this n | natter to | the fol | lowing: | | |
| | | FELIF | PE A. \ | /ALLS | Sr. | | |
| | | Nam | e of Cont | act Perso | n | | |
| | FO | UR WHEEL | S RES | TAURA | ANT, CC | RP. | |
| | Firm/ Company | | | | | | |
| | 36 | 63 SW 8th 9 | STREE | T, THII | RD FLO | OR | |
| | | | Addre | | | , | |
| | | RAL/ | ARAL EL | | | | |
| | | | AMI, FL State and | | | | |
| | | | | - F 000 | | | |
| | E-mail addres | valls@valls s: (to be used fo | sgroup or future a | inc.con | ort notific | ation) | · · · · · · · · · · · · · · · · · · · |
| For further inform | ation concerning th | is mattar nla | oss sall | | | | |
| | • | • | ase can | | | | |
| | IPE A. VALLS St of Contact Person | <u>. </u> | at (| 305 | | | 6-4916 |
| | | | | | · | | • |
| Enclosed is a chec | k for the following | amount made | e payab | le to the | Florida | Departi | ment of State: |
| ☑ \$35 Filing Fee | \$43.75 Filing F Certificate of S | | Cer | .75 Filing tified Co ditional c | | losed) | □ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Address | | Stree | t Addre | ess | | | |
| Amendme | | | | dment | | | |
| Division of Corporations | | | Division of Corporations | | | | |
| P.O. Box 6327 | | | Clifton Building | | | | |
| Tallahassee, FL 32314 | | | 2661 Executive Center Circle | | | | |

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

FOUR WHEELS RESTAURANT, CORP. (Name of Corporation as currently filed with the Florida Dent. of State)

| P9 3 | 3000009043 | } | or orace) | | | |
|--|------------------------------------|-------------------------------|-----------------------|-----------|------------------------------|--------|
| (Document Nur | | | | | | |
| Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation: | 6, Florida Statu | tes, this <i>Florida P</i> | rofit Corporatio | n adopts | the f | òllow |
| A. If amending name, enter the new name o | f the corporation | on: | | | | |
| name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro | e designation "C | Corp," "Inc," or "C | Co". A professio | porated" | The ne ' or t poration | he |
| B. Enter new principal office address, if app | olicable: | N/A | eviation F.A. | | | |
| (Principal office address MUST BE A STREE | <u>ST ADDRESS</u>) | | | TA'S | _ | |
| | | | | ECR! |)9 H/ | 434000 |
| C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF) | <u>:</u> <u>CE BOX</u>) | N/A | | HASSEE. F | AY II AH | |
| | | | | STATE | 8: 35 | U |
| If amending the registered agent and/or r new registered agent and/or the new registered. | | | a, enter the nam | e of the | | |
| Name of New Registered Agent: | N/A | | | | | |
| New Registered Office Address: | (Flor | ida street address) | | | | |
| | | · | , Florida_ | | | |
| | (City) | | (Zip Code) | | | |
| New Registered Agent's Signature, if changing the second the appointment as registered a second the | ng Registered A gent. I am fami | gent: iliar with and accep | ot the obligations | of the po | ositior | 7. |
| S | ignature 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)

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|--|--|---------------------|
| <u> </u> | OSCAR FALCON | 3663 DE 8th STREET, FL #3 MIAMI, FL 33135 | ☐ Add ☐ Remove |
| <u>s</u> | FELIPE A. VALLS Sr. | 3663 SW 8th STREET, FL #3 MIAMI, FL 33135 | ∠ ☑ Add □ Remove |
| | | | . ☐ Add ☐ Remove |
| | ng or adding additional Articles, ente litional sheets, if necessary). (Be spe | | |
| | | | |
| provision | endment provides for an exchange, rus for implementing the amendment applicable, indicate N/A) | | |
| N/A | | | |
| | | | |
| | | | |
| | | | |

| The date of each amendmen | t(s) adoption: MAY 8, 2009 | | | | |
|--|---|--|--|--|--|
| Effective date if applicable: | N/Δ | | | | |
| Effective date <u>in applicable</u> . | (no more than 90 days after amendment file date) | | | | |
| Adoption of Amendment(s) | (CHECK ONE) | | | | |
| | ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval. | | | | |
| | ere approved by the shareholders through voting groups. The following statement ed 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/we action was not required. | ere adopted by the board of directors without shareholder action and shareholder | | | | |
| The amendment(s) was/we action was not required. | ere adopted by the incorporators without shareholder action and shareholder | | | | |
| Dated | 5/8/09 | | | | |
| Signature _ | Jules | | | | |
| (By | y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary) | | | | |
| | FELIPE A. VALLS Sr. | | | | |
| | (Typed or printed name of person signing) | | | | |
| | PRESIDENT | | | | |
| | (Title of person signing) | | | | |