

P910000010302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

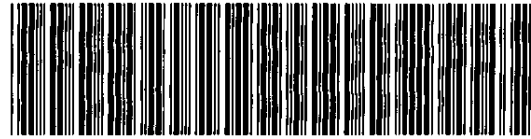
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000187481450

11/10/10--01019--017 **52.50

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 NOV 22 PM 3:08

cc/gus
Amend
10 @ 11/23/10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SERVICIO CENTRAL LATINO, INC.

DOCUMENT NUMBER: P96000016362

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

Please return all correspondence concerning this matter to the following:

FREY GARCIA
Name of Contact Person

SERVICIO CENTRAL LATINO, INC.
Firm/ Company

2390 W. OAKRIDGE RD.
Address

ORLANDO, FL. 32809
City/ State and Zip Code

SERVICIO@BELLSOUTH.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FREY GARCIA at (407) 888-2765
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input checked="" type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 12, 2010

FREY GARICA
SERVICIO CENTRAL LATINO, INC.
2390 W. OAKRIDGE RD.
ORLANDO, FL 32809

SUBJECT: SERVICIO CENTRAL LATINO, INC.
Ref. Number: P96000016362

We have received your document for SERVICIO CENTRAL LATINO, INC.. However, the document has not been filed and is being returned for the following:

The above listed entity was administratively dissolved, or its certificate of authority was revoked, for failure to file its 2010 annual report in a timely manner. To reinstate the entity, you must file the reinstatement, and pay the appropriate fees, online at the Division of Corporations' website, www.sunbiz.org. Please look for Reinstatement filing in the "E-Filing Services" or "Electronic Filing" menu. There may also be a "blue box" on the Sunbiz homepage entitled "File A Reinstatement Here". You will have the option to pay by credit/debit card; or by check or money order.

The total amount due to reinstate is \$750.00.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 610A00026646

Articles of Amendment
to
Articles of Incorporation
of

SERVICIO CENTRAL LATINO, INC.

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

P96000016262

(Document Number of Corporation (if known))

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:

N-A

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)

KARINA A. BAUTISTA

520 W. END BLVD. APT.A

WINSTON SALEM, NC 27101

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

N-A

N-A

N-A

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:

DAVID E. GARCIA

New Registered Office Address:

4400 S. MELLONVILLE AVE.

(Florida street address)

SANFORD

(City)

, Florida 32773
(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

10 NOV 22 PM 3:09

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>	<u>Type of Action</u>
<u>P.</u>	<u>ALTAGRACIA GARCIA</u>	<u>4400 S. MELLONVILLE AVE.</u> <u>SANFORD</u> <u>FLORIDA, 32773</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>VP.</u>	<u>FREY A. GARCIA</u>	<u>4400 S. MELLONVILLE AVE.</u> <u>SANFORD FL, 32773</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>P.</u>	<u>KARINA A. BAUTISTA</u>	<u>520 W. END BLVD. APT. A</u> <u>WINSTON SALEM,</u> <u>N.C. 27101</u>	<input checked="" 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)

N-A

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)

DAVID E. GARCIA, : S. MELLONVILLE AVE. SANFORD, FL. 32773 TO BE

ADD AS VICE-PRESIDENT.

The date of each amendment(s) adoption: 11-09-2010

(date of adoption is required)

Effective date if applicable: 11-09-2010

(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 11-09-2010

Signature X

(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)

ALTAGRACIA L. GARCIA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)