

P 99000001265

Requestor's Name
LATIN FAMILY CAFE'S INC.
RT 15 BOX 3038
LAKE CITY FL 32024
City/State/Zip Phone #

300002946283--2
-07/30/99-01084-011
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) (Document #)
2. _____ (Corporation Name) (Document #)
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

FILED
99 OCT 19 PM 12:03
CLERK OF STATE
TALLAHASSEE, FLORIDA

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Amend
10-20-99
PMS

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

September 13, 1999

LATIN FAMILY CAFE'S INC.
RT 15 BOX 3038
LAKE CITY, FL 32024

SUBJECT: LATIN FAMILY CAFE'S, INC.
Ref. Number: P99000001265

FILED
99 OCT 19 PM 12:03
TALLAHASSEE, FLORIDA

We have received your document for LATIN FAMILY CAFE'S, 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):

You have submitted an application which does not meet the current requirements of the Florida Statutes. You may complete our current form or amend your application to include the required information.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 487-6957.

Doug Spitler
Document Specialist

Letter Number: 199A00045022



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

August 12, 1999

LATIN FAMILY CAFE'S INC
ROUTE 15 BOX 3038
LAKE CITY, FL 32024

SUBJECT: LATIN FAMILY CAFE'S, INC.
Ref. Number: P99000001265

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 OCT 19 PM 12:03

FILED

We have received your document for LATIN FAMILY CAFE'S, 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):

The date of adoption of each amendment must be included in the document.

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) 487-6957.

Doug Spittler
Document Specialist

Letter Number: 999A00040904

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF
LATIN FAMILY CAFE'S INC.

(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: *(indicate article number(s) being amended, added or deleted)*

The amending directors will be as follows:

ARTICLE VIII.-

NAME

POSITION

MARTA SANCHEZ

PRESIDENT/DIRECTOR
RT 3 BOX 122
LAKE CITY, FLORIDA 32025

DELETED.-

see attached

CLERK OF STATE
TALLAHASSEE, FLORIDA

99 OCT 19 PM 12:03

FILED

SECOND: 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, are as follows:

THIRD: The date of each amendment's adoption: July 23, 1999.

FOURTH: Adoption of Amendment(s) (check one)

- ☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) 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.

Signed this 23th day of July, 19 99.

Signature *Gloria Cruz*
(By the Chairman or Vice Chairman of the Board of Directors,
President or other officer if adopted by the shareholders)
OR
(By a director if adopted by the directors)
OR
(By an incorporator if adopted by the incorporators)

GLORIA CRUZ

Typed or printed name

SECRETARY-DIRECTOR

Title

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

Gloria Cruz
GLORIA CRUZ
July 23, 1999
DATE

See Attached Form

Amendment:

SUBJECT: LATIN FAMILY CAFÉ'S, INC.
Ref. Number" P99000001265

Remove Marta Sanches as registered agent.

Add Gloria Cruz as registered agent.

Remove Marta Sanches as President & Director

Add Gloria Cruz as President & Director

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Gloria Cruz July 23, 1999
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

Gloria Cruz as agent President and Director
(Typed or Printed Name) (Capacity)