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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORE	PORATION:	America's Backyard Grille	e Inc
DOCUMENT NU	MBER:	35-2358465	
The enclosed Artic	eles of Amendment and fee a	are submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
		Thomas P Koedel	
	Ŋ	vame of Contact Person	
	Ameri	ca's Backyard Grill Inc.	· · · · · · · · · · · · · · · · · · ·
		Firm/ Company	
1480 NE Pine Island Rd		,	
Address			
	Cape Coral, FI 33909		
	C	City/ State and Zip Code	
	ambacky E-mail address: (to be use	ardgrill@gmail.com ed for future annual report notification)	
For further informa	ation concerning this matter,	please call:	
M	lary Ann Koedel	at (239) 6 Area Code & Daytime Te	73-7425
Name	of Contact Person	Area Code & Daytime Te	lephone Number
Enclosed is a check	k for the following amount n	nade payable to the Florida Depar	tment of State:
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
P.O. Box 6	nt Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ	le

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

of	Tasks TON ST
America's Backyard Grill Inc.	CARLOS PA
(Name of Corporation as currently filed with the Florida Dept. of State)	1458 Or 4.0
P09 0000 22807	E. A. S. Ar.
 (Document Number of Corporation (if known)	RION

owing

	the corporation:	The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "prof	designation "Corp," "Inc.	"company," or "incorporated" or the or "Co". A professional corporation
B. Enter new principal office address, if appl (Principal office address MUST BE A STREE)		· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC		
D. If amending the registered agent and/or renew registered agent and/or the new regis		Florida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street a	ddress)
	-	, Florida (Zip Code)
_		
-	(City)	(Zip Code)

Page 1 of 3

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
Secret	Christopher M. Koedel	1480 NE Pine Island Rd Cape Coral. FI 33909	
Treasu	Kimberly L. Koedel	1480 NE Pine Island Rd Cape Coral, Fl 33909	
	ting or adding additional Articles, endiditional sheets, if necessary). (Be sp		
	35-2358465		

provisio	nendment provides for an exchange, ons for implementing the amendmen ot applicable, indicate N/A)	reclassification, or cancellation of t if not contained in the amendme	issued shares, nt itself:
(If n	ot applicable, inalcale IV/A)		
			

The date of each amendment	t(s) adoption: _	10/31/09
Effective date <u>if applicable</u> :	10/31/09	(date of adoption is required)
	(no more than	190 days after amendment file date)
Adoption of Amendment(s)	Œ	CHECK ONE)
The amendment(s) was/we by the shareholders was/w		he shareholders. The number of votes cast for the amendment(s) or approval.
		the shareholders through voting groups. The following statemen ng group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amo	endment(s) was/were sufficient for approval
by	(voting group)	."
action was not required.		he board of directors without shareholder action and shareholder he incorporators without shareholder action and shareholder
Dated_10/3	1/09	
selo	ected, by an inc	dent or other officer - if directors or officers have not been orporator - if in the hands of a receiver, trustee, or other court y by that fiduciary)
	<u> </u>	Typed opprinted name of person signing)
	(Title	PRESIDENT e of person signing)