P18 0000 96384

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: MANILA BISTRO), INC.	
	IBER:		
	s of Amendment and fee are su	bmitted for filing.	
-Please-return-all-corr	espondence concerning this ma	tter-to-the-following:	
	Stephen N. McGuire II, Esq.		
		Name of Contact Person	1
	McGuire Law, P.A.		
		Firm/ Company	
	PO Box 60205		
		Address	
	Fort Myers, FL 33906		
		City/ State and Zip Code	<u>></u>
	entities@cmw.law		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, plea	se call:	
Stephen N. McGuire	2 II	at (939-2222 de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$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		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

MANILA BISTRO INC

MANICA DISTRO, INC.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P18000096384	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(sits Articles of Incorporation:	s) t
A. If amending name, enter the new name of the corporation:	
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 <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	•
(Mailing address MAY BE A POST OFFICE BOX)	
	T-1-10,
BR 꽃 [7	1
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:	ፓ
Name of New Registered Agent	0
(Florida street address)	
New Registered Office Address:, Florida	
(City) (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	
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.	

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)

Example:

_ Remove

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</u> <u>John</u>	Doe	
<u>X</u> -Remove	— <u>V</u> —— <u>Mike</u>	-Jones	
X Add	SV Saliy	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	DPST	Imelda Gibbons	17660 Wells Rd
Add			North Fort Myers, FL 33917
Remove			
2) Change	DVT	John Hose	17660 Wells Rd
Add			North Fort Myers, FL 33917
X Remove 3) Change	D/S	Chelsea Hose	17660 Wells Rd
Add			North Fort Myers, FL 33917
X Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

	ing additional Articles eets, if necessary). (b	Be specific)	 ,		
					
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f an amendment pr	ovides for an exchang	ge, reclassification	, or cancellation of	issued shares.	
provisions for imp	ementing the amendn le, indicate N/A)	nent if not contain	ed in the amendme	nt itself:	
	'e, indicate N/A)				
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The date of each amendment(s) adoption date this document was signed.	:, if other than th
Effective date if applicable:	(no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block do document's effective date on the Department	es not meet the applicable statutory filing requirements, this date will not be listed as that of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors without shareholder action and shareholder
■ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendment(s) for approval.
	y the shareholders through voting groups. The following statement ting group entitled to vote separately on the amendment(s):
"The number of votes cast for the a	unendment(s) was/were sufficient for approval
by	(voting group)
,	(voting group)
September 3, 2021 Dated	
Signature	le copie
(By a director, per selected, by an	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court chary by that fiduciary)
Imeida	Gibbons
	(Typed or printed name of person signing)

President