776008

(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



100313778061

05/29/18--01042--016 **43.75



WAX 3 1 5018

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: Flicker te Bar + PIZZa Restaurai	2
DOCUMENT NUMBER: J76008	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Joan Capone Name of Contact Person	
Firm/ Company	
4100 1/35 Ave	
Hollywood FE 33021 City State and Zip Code	
City/ State and Zip Code	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
Joan Capone at 954, 274-2316 Name of Contact Person Area Code & Dayling Takabara Number	
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:	
\$\times \$\subseteq \text{\$\subseteq \since \text{\$\subseteq \text{\$\subseteq \since \text{\$\since \text{\$\subseteq \since \text{\$\since \te	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations	

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment to

Articles of Incorporation of

Figure 11te Bay + Pizza Restaurant (Name of Corporation as currently filed with the Florida Dept. of State J 7608 (Document Number of Corporation (if known)	te)
(<u></u>	
(<u></u>	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the its Articles of Incorporation:	following amendment(s) to
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" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation narword "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)	
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:	2
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:, Florida	
(Ciny)	(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 p	

Signature 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)

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.

Example: X Change	PT John		
\underline{X} Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	PD	Capone, Karin	1014 N. Ocean Or
Add Remove		·	Hollywood Fe 3302
2) Add	12/SIT	Clepine, Richard	Hollywood, Fe 3302
Remove 3) Change Add	<u>VP</u>	Capne, Joanf.	4100 N 35th Ave Hollywood F 3302
Remove 4) Change Add X Remove	<u>SD.</u>	<u>Capone</u> , John	1014 N. Ocean Dr Hollywood Fe3302
5) Change Add Remove			
の Change Add Remove			

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
an amendment provides for an excha-	nge, reclassification, or cancellation of issued shares,
provisions for implementing the amend (if not applicable, indicate N/A)	dment if not contained in the amendment itself:
The second content that	
er	
Fr. Williams TVA	
CF THE TOTAL	
CF THE TOTAL	
FF THE TOTAL	
FF THE TOTAL	
The state of the s	

The date of each amendment(s) adoption:	5 1 201	\$, if other than the
date this document was signed.	5/1/18.		
Effective date if applicable:	<u> </u>		
	(no more than 90 days aft	fter amendment file date)	-
Note: If the date inserted in this block does redocument's effective date on the Department of	not meet the applicable statu "State's records.	utory filing requirements, this	date will not be listed as the
Adoption of Amendment(s) (CI)	IECK ONE)		
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The number capproval.	of votes cast for the amendmen	t(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting	e shareholders through votin group entitled to vote separ	ng groups. The following stater rately on the amendment(s):	nent
"The number of votes cast for the amer	idment(s) was/were sufficier	nt for approval	
by		.,	
(vot	ing group)	,	
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without sh	hareholder action and sharehold	der
☐ The amendment(s) was/were adopted by the i action was not required.	incorporators without shareh	nolder action and shareholder	
Dated5/1/18			
Signature (By a director presiselected, by an incomposited fiduciary	dent or other officer – if dire reporator – if in the hands of by that fiduciary)	ectors or officers have not been a receiver, trustee, or other cou	ırt
	Typed or printed name of pe	n-e	
(~			
	Sole Directi	W.	
	(Title of person si	ignine)	