435497

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION:	Aunt I's West Indian Restaura	ant Inc.
DOCUMENT NUM	ИВЕR:	K25497	
The enclosed Article	es of Amendment and fee	are submitted for filing.	
Please return all corr	respondence concerning 1	this matter to the following:	
_		Winston Grant	
		Name of Contact Person	
_	Aunt l's	West Indian Restaurant Inc.	
		Firm/ Company	
_		19934 NW 2 Ave	
,	Mia	ami Gardens, Fl. 33169 City/ State and Zip Code	
•	au	nti@netzero.net	
	E-mail address: (to be u	sed for future annual report notification)	
For further informat	ion concerning this matte	er, please call:	
W	/inston Grant	at (<u>305</u>) 65	549638
Name o	f Contact Person	Area Code & Daytime Tele	phone Number
Enclosed is a check	for the following amount	made payable to the Florida Departs	ment of State:
F引\$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)
Mailing Add Amendment Division of O P.O. Box 632	Section Corporations 27	Street Address Amendment Section Division of Corporations Clifton Building	
Amendment Division of C	Section Corporations 27	Amendment Section Division of Corporations	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

F	TLED
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SECRE JAR	23 AM 10: 23 PY OF STATE EE, FLOORE
"'ASS	EE. FLORIE

 of	23 AM
Aunt I's West Indian Restaurant Inc.	TALLAGIARY AND 10: 25
(Name of Corporation as currently filed with the Florida Dept. of State)	THASSEE, E. STATE
K25497	LORIDA
(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:

name must be distinguishable and conta abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," '	the designation "Corp," "Inc,'	or "Co". A professional corpo
B. Enter new principal office address, if Principal office address MUST BE A STR		
C. Enter new mailing address, if applica (Mailing address <u>MAY BE A POST OI</u>		
 If amending the registered agent and/ new registered agent and/or the new registered. 		Florida, enter the name of the
		Florida, enter the name of the
new registered agent and/or the new r	registered office address:	
Name of New Registered Agent:	Winston Grant 19934 NW 2 Ave	

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
PD	Inez Grant	15837 Waverly Manor Davie, Fl. 33331	_ ☐ Add ☐ ☑ Remove
<u>PD</u>	Winston Grant	2211 NW 94 Ave Pembroke Pines, Fl. 33024	_ ☑ Add _ ☐ Remove
<u>VD</u>	Cary Grant	17011 SW 62 COURT SW Ranches, Fl. 33331	_ ☑ Add _ ☐ Remove
(attach o TD - Son SD - Mar	cia Cartwright - 15837 WAVI		
	,		
F. Ifana	mendment provides for an exch	ange, reclassification, or cancellation of is	sued shares,
	ions for implementing the amend not applicable, indicate N/A)	dment if not contained in the amendment	itself:
		· · ·	

(date of adoption is required)
ore than 90 days after amendment file date)
(CHECK ONE)
ed by the shareholders. The number of votes cast for the amendment(s cient for approval.
ved by the shareholders through voting groups. The following stateme ch voting group entitled to vote separately on the amendment(s):
the amendment(s) was/were sufficient for approval
.,,
group)
ed by the board of directors without shareholder action and shareholde
ed by the incorporators without shareholder action and shareholder
for, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court iduciary by that fiduciary) (Typed or printed name of person signing)