## K25497

|   | <u> </u>       |
|---|----------------|
| (Requestor's Nam                        | ne)            |
| (Address)                               |                |
| (Address)                               |                |
| (City/State/Zip/Ph                      | one #)         |
| PICK-UP WAIT                            | MAIL           |
| (Business Entity N                      | Name)          |
| (Bacinoso Ellis)                        |                |
| (Document Numb                          | er)            |
| Certified Copies Certifica              | ates of Status |
| Special Instructions to Filing Officer: |                |
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2021 JUL -6 PH 11: 23

## COVER LETTER

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO  | DRATION: AUNT I'S WEST                     | INDIAN RESTAURANT I   | NC.  |  |
|--|--|---|--|--|
| DOCUMENT NUN   |  |   | <u> </u>   |  |
|  | s of Amendment and fee are su              | abmitted for filing.  |  |  |
| Please return all corr                                       | espondence concerning this ma              | tter to the following:  |  |  |
|  | MARCIA CARTWRIGHT                          |   |  |  |
|  |  | Name of Contact Person  | n  |  |
|  | AUNTI'S WEST INDIAN RESTAURANT             |   |  |  |
|  |  | Firm/ Company   |  |  |
|  | 10i11 PINES BLVD                           |   |  |  |
|  |  | Address •   |  |  |
|  | PEMBROKE PINES, FL. 33                     | 026   |  |  |
|  |  | City/ State and Zip Cod   |  |  |
|  |  | ,   |  |  |
| AUI  | NTISRESTAURANT@GMAII                       |   |  |  |
|  | E-mail address: (to be us                  | sed for future annual report  | notification)  |  |
|  |  |   |  |  |
| For further informati  | on concerning this matter, pleas           | se call:  | ,  |  |
| MARCIA CARTWRIGHT  |  | 954<br>at (   | 4330223  |  |
| 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  | ■S43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |  |
| Mailing Address  Amendment Section  Division of Corporations |  | Street Address Amendment Section Division of Corporations Clifton Building  |  |  |
| P.O. Box 6327<br>Tallahassee, FL 32314                       |  | 2661 Executive Center Circle  |  |  |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

| AUNT I'S | WEST | INDIAN | RESTA | URANT | TINC |
|----------|------|--------|-------|-------|------|
|          |      |        |       |       |      |

| (Name of Corporation as currently  | filed with the Florida Dept. of State)                         |
|--|--|
| K25497   | med with the Florida Dept. W. Olace                            |
| (Document Number of C  | Corporation (if known)   |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this $F$ its Articles of Incorporation:  | lorida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation:  | A IA The new   |
| name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P | o . A projessional corporation name must contain the           |
| B. <u>Enter new principal office address, if applicable:</u> (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)  | M/A  |
| D. If amending the registered agent and/or registered office addressing registered agent and/or the new registered office address:   | ss in Florida, enter the name of the                           |
| Name of New Registered Agent   | N/A  |
| (Florida stree   | t åddress)   |
| New Registered Office Address:   | Florida  |
| New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar win  Signature of New Reg  | th and accept the obligations of the position.                 |

## 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               | n Doe                |                         |
|-------------------------------|-----------------------|----------------------|-------------------------|
| X Remove                      | <u>V</u> <u>Mik</u>   | te Jones             | •                       |
| X Add                         | <u>SV</u> <u>Sall</u> | y Smith              |                         |
| Type of Action<br>(Check One) | Title                 | <u>Name</u>          | Address                 |
| 1) X Change                   | 1,                    | WINSTON GRANT        | 10111 PINES BLVD        |
| Add                           |                       |                      | PEMBROKE PINES, FL.     |
| Remove                        |                       |                      | 33026                   |
| 2) X Change                   | VP                    | CARY GRANT •         | WAVERLY MANOR           |
| Add                           |                       |                      | DAVIE, FL. 33331        |
| Remove                        |                       |                      |                         |
| 3) X Change                   | <u>s</u>              | MARCIA CARTWIGHT     | 15837 WAVERLY MANOR     |
| Add                           |                       |                      | DAVIE FL 33331          |
| Remove                        |                       |                      | ·<br>                   |
| 4) X Change                   | T .                   | SONIA GRAN'T MALONEY | 2647 SW 137 AVE         |
| Add                           |                       |                      | MIRAMAR FL 33027        |
| Remove                        |                       |                      |                         |
| 5) X Change                   | AST SE                | ANNMARIE COCKING     | 309 NW 161 AVE          |
| Add                           |                       |                      | PEMBROKE PINES FL 33028 |
| Remove                        |                       | •                    |                         |
| 6) Change                     |                       |                      |                         |
| Add                           |                       |                      |                         |
| Damoro                        |                       |                      |                         |

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| inge, reclassification, or cancellation of issued shares, |
| dment if not contained in the amendment itself:           |
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| <i>J</i> (/ <sup>- 7</sup> )                              |
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|   |

| MARCH 27 2017 The date of each amendment(s) adoption:   | , if other than the     |
|---|-------------------------|
| date this document was signed.  |                         |
| Effective date if applicable:   |                         |
| (no more than 90 days after amendment file date)  |                         |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wi document's effective date on the Department of State's records.   | II not be listed as the |
| Adoption of Amendment(s) ( <u>CHECK ONE</u> )   |                         |
| The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders 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.   | 2021 J                  |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.  | 2021 Jbt6               |
| 6/29/2021<br>Dated  | PK .                    |
|   | PH II: 23               |
| Signature  (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) | ~                       |
| WINSTON GRANT   |                         |
| (Typed or printed name of person signing)   |                         |
| PRESIDENT   |                         |
| (Title of person signing)   |                         |