## 137673

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Island Restaurants, Inc.
DOCUMENT NUMBER: L37693
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sandra Jarrett  Name of Contact Person
Firm/ Company
3550 Biscaure Blud. Ste \$ 602
Miami, FL 33137 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sandra Sowett at (786) a53-H660  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:
\$35 Filing Fee Certificate of Status  \$43.75 Filing Fee Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Artic	icles of Incorpora	ation		
	of		135	A Company
TSland Re	tassusts	a. To	(EB /a	The State of the S
(Name of Corporation as currently filed v	with the Florida	Dept. of State)	1467038	PH 2
1 27(02			TAHASEZ S	17.45
(Document Number of Corp	noration (if know	m)		5/21/25 ·
(Bosument Number of Conf	potation (in this is	,		ORIOA
Pursuant to the provisions of section 607.1006. Florida Staits Articles of Incorporation:	itutes, this <i>Florid</i>	a Profit Corporation ac	lopts the following ame	endment(s) to
A. If amending name, enter the new name of the corpor	ration:			
			ari	
name must be distinguishable and contain the word "c	corporation " "	company " or "incorna		new iation
"Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc. "or the designation "Corp.," "I word "chartered," "professional association," or the abbr	'Inc," or "Co".	A professional corpord	ution name must conta	in the
B. Enter new principal office address, if applicable:	_			
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u> )			
			<del></del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<del>د</del> ـــــ	3550 Bisco	yne Blud. _ 33137	#c02
	C	niami Fl	33137	
	_			
D. If amending the registered agent and/or registered of	office address in	Florida, enter the nan	ne of the	
new registered agent and/or the new registered office	ce address:		<del></del>	
Name of New Registered Agent				
Nume of New Registered rigem				
	, r · 1	<del></del>		
,	(Florida street add	ress)		
New Registered Office Address:		, Florida		
	(Ciţv)		(Zip Code)	
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am		nd accept the obligation	s of the position	
, accept the appointment as registered agent. I am	- junior and	accept the wonganon	J me promon	
- C1	)	16 alama in m		
Signature of New Ro	legistered Agent,	ij cnanging		

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	<u>PT</u>	John Do	<u>De</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally St	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) _X Change	44	_	Thomas Lewis	3550 Biscayne Blud Suite 602
Add				
Remove				Miami, FL 33137
2) Change		_		
Add				
Remove				
3 ) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change	<del></del> .			
Add				
Remove				

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		<u> </u>	
			ah a waa
n amendment provides for an exchange, ovisions for implementing the amendmen	t if not contained in	the amendment itself	snares, f:
(if not applicable, indicate N/A)			
	<del>.,.</del>		· · · · · · · · · · · · · · · · · · ·
	<del></del>		
<del> </del>		<del> </del>	

The date of each amendment(s) ad	J - 14-13
Effective date if applicable:	
· ·	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast t	for the amendment(s) was/were sufficient for approval
by	, , , , , , , , , , , , , , , , , , ,
	(voting group)
action was not required.	pted by the board of directors without shareholder action and shareholder  pted by the incorporators without shareholder action and shareholder
Dated	114/13
Signature	1 00
(By a dj	rector, president or other officer - if directors or officers have not been
	1, by an incorporator – if in the hands of a receiver, trustee, or other court
арроли	ed fiduciary by that fiduciary)
	Darker R. Buomon cas
•	(Typed or printed name of person signing)
-	(Title of person signing)