## L49501

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FILED SECRETARY OF STATE SUBJECT OF CORPORATIONS

Amend (a) 1.8.13

## **COVER LETTER**

TO: Amendment Section

**Division of Corporations** RESTAURANT, INL. NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DENJAMIN 14 Firm/ Company MAIT LAND City/ State and Zip Code E-mail address: (to be used for future annual re For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation

of

1 * 6 * 8 RE	STAURANT. INC.	
(Name of Corporation as currently filed with the F	lorida Dept. of State)	_
49501		
(Document Number of Corporation (i	f known)	_
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the followi	ng amendment(s) to
A. If amending name, enter the new name of the corporation:		
71	14	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must P.A." .	abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NIA	_
(Transpar office dutiess most of ASTABLIT ABBREES)		_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	~IA	- <b>3</b>
		6 × 5 × 5
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	ess in Florida, enter the name of the	<b>基</b> 第
Name of New Registered Agent	NIA	
(Florida stre	eet address)	
New Registered Office Address:	, Florida	<del>-</del>
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:	th and account the ablication of the control	
Thereby accept the appointment as registered agent. I am familiar w	eun ana accept the obligations of the position.	
<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>	la	
Signature of New Registered A	gent, 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 <math>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 Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action	Title	Name	<u>Addres</u> s
(Check One)  1) Change	5	LHEN MICHAEL 11	3030 E SEMDRAN BUD.
Add Remove			HWY 436 STE 132 APOPKA, FL 32703
2) Change	5	CHEN LYNTHIA H.	810 PALM DAK OR APOPILA FL 32712
Remove 3) Change Add			
Remove 4) Change			
Add Remove			
5) Change Add Remove	-		
6) Change			
Add			

	ttach additional sheets, if necessary). (Be spec	NIA
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<u>''(</u>	n amendment provides for an exchange, recla ovisions for implementing the amendment if n	ssification, or cancellation of issued shares, not contained in the amendment itself:
	(if not applicable, indicate N/A)	4.1
_		<u> </u>
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_	•	
	: .	
	<del></del>	
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The date of each amendment(s) adoption: Novembal リ 上のり date this document was signed.	, if other than th
Effective date if applicable: (no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast 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	
by	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature Start Lugar Low	
Signature think lungh for	
(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)	
THAJH HUYNH CHEN (Typed or printed name of person signing)	
(Title of person signing)	