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## $\underline{\text{COVER LETTER}}$

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: _ CREATIVE RESTAURANT CONCEPTS OF FLUTION.  POSCUMENT NUMBER: POSCODO 10400				
DOCUMENT NUMBER: PODDOOO10400				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Slenn Frechter  Name of Contact Person  CREATIVE RESTAURANT CONCEPTS of FL'INC  Firm/ Company  16329 Mira VISTA LN  Address  Delray Beach FL 3344L  City/ State and Zip Code  Frechter q @ bell South. Net  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Flenn Frechter 11 (56), 542-5323				
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  Certificate of Status  Certified Copy (Additional copy is enclosed)  \$35 Filing Fee Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## Articles of Amendment to

## Articles of Incorporation

CREATIVE RESTAURANT CONC	epts of Four INC.
	y filed with the Florida Dept. of State)
P00000104	Corporation (if known)
(Document Number 6)	Corporation (it known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	N/A
	The new
name must be distinguishable and contain the word "corporation," "configuration," or Co.," or the designation "Corp," "Inc.," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	professional corporation name must contain the word
B. Enter new principal office address, if applicable:	•
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	920
,	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	2:
	34
	1
D. If amending the registered agent and/or registered office addr	
new registered agent and/or the new registered office address	<u>t</u>
Name of New Registered Agent	
tFlorida str	eet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	
The contract of the contract o	and accept the tongations by the position.
Signature of New Ro	egistered Agent, if changing
Check if applicable	
$\Box$ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (	e), F.S.

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> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P.V.S.T.D	FRECHTEL, ELISA	16329 Mich VISTA LN Delkay Beach, Fl 33446
Add Remove  2) Change Add	P	FRECHTER, GleNN	Delkay Beach, FL 33446  16329 Mich Vista 2N  Delkay Beach, FL 33446
Remove Change Add			<u></u>
Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
Remove			

ach additional sheets, if necessary).	(Be specific)		N/A	
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n amendment provides for an exch	ange, reclassifi	cation, or cance	ellation of issued sha	res. N/A
ovisions for implementing the ame (if not applicable, indicate N/A)	ndment if not c	ontained in the	amendment itself:	••/*
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The date of each amendment(s) ad date this document was signed.	option:	A LIN OUR- A	,	<del></del>	if other than the
Effective date <u>if applicable</u> :					<u> </u>
	(no moi	re than 90 days afte	r amendment file	e date)	
Note: If the date inserted in this bl document's effective date on the Dep			ory filing requir	ements, this date w	rill not be listed as the
Adoption of Amendment(s)	(CHECK OF	<u>NE</u> )			
☐ The amendment(s) was/were adopaction was not required.	nted by the incorpora	ators, or board of di	rectors without s	shareholder action a	nd shareholder
The amendment(s) was/were adop by the shareholders was/were suf	nted by the sharehold ficient for approval.	ders. The number o	f votes cast for t	he amendment(s)	
☐ The amendment(s) was/were appliants the separately provided for a	-				
"The number of votes cast f	or the amendment(s	) was/were sufficier	it for approval		
by	(voting group		,		
	(voting group	p)			
Dated	Mille				
selected	ector, president or o by an incorporator d fiduciary by that f	- if in the hands of			
-	Clyned or	アinted name of pe	Frecht	eL	
		sident	······································		
-		person signing)			