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(Business Entity Name)		
(Bosiness Emily Harrie)		
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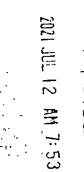


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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: JAH LOVE CARIB	BEAN RESTAURANT, I	NC.	
DOCUMENT NUMB				
The enclosed Articles of	of Amendment and fee are sub	omitted for filing.		
Please return all corres	pondence concerning this mat	ter to the following:		
;	DENISE MALLETT			
-		Name of Contact Person	1	
	JAH LOVE CARIBBEAN RI	ESTAURANT, INC.		
-		Firm/ Company		
	1700 N. MAIN STREET, STI	• •		
-		Address		
	KISSIMMEE, FLORIDA 34744			
•	-	City/ State and Zip Cod	e	
	smokeupshop@yahoo.com			
	E-mail address: (to be us	ed for future annual report	notification)	
For further information	n concerning this matter, pleas			
DENISE MALLETT		at (		
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	artment of State:	
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amen Divisi The C 2415	Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	

## Articles of Amendment to Articles of Incorporation of

IAH LOVE CARIBBEAN RESTAURANT, INC.

(Name of		y filed with the Florida Dept.	of State)
P00000072389			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this a	Florida Profit Corporation ad	opts the following amendment(s)
A. If amending name, enter the new na	me of the corporation:		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Co" chartered," "professional association,"	orp," "Inc," or "Co". 2	A professional corporation no	or the abbreviation "Corp.," ame must contain the word
B. Enter new principal office address, (Principal office address MUST BE A S.	if applicable: TREET ADDRESS )	<del></del>	
C. Enter new mailing address, if applies (Mailing address MAY BE A POST)	<u>OFFICE BOX</u> )	trace in Florida, unter the na	The of the
D. If amending the registered agent ar new registered agent and/or the new	w registered office address	s:	ine or the
Name of New Registered Agent	DENISE MALLETT		
Nume of the Mognote Eurigen	1700 N. MAIN STREET,	STE D	
	(Florida st	reet address)	
New Registered Office Address:	KISSIMMEE		. Florida 34744
		(City)	(Zip Code)
New Registered Agent's Signature, if a I hereby accept the appointment as regis	nered agent. I am familiar	t: with and accept the obligation Registered Agent, if changing	ns of the position.

Check if applicable

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)

Example:

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.

X Change	PT	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	P	ANDRÉW, LEROY L. JR	1700 N. MAIN ST, STE D	
Add			KISSIMMEE. FL 34744	
Remove 2) Change	<u>P</u>	MALLETT, DENISE	1700 N. MAIN ST, STE D	
X Add			KISSIMMEE, FL 34744	
Remove 3) Change				
Add				
Remove 4) Change				
Add				
Remove 5) Change				
Add				
Remove				
6) Change Add				
Remove				

tach additional sheets, if necessa	Articles, enter changel (ry). (Be specific)			
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an amendment provides for an	n exchange, reclassifica	tion, or cancellation of	issued shares.	
an amendment provides for at		stained in the amendime	<u>nt itselt:</u>	
provisions for implementing the	e amenament ii not cor	talled in the amendme		
orovisions for implementing the (if not applicable, indicate N.	<u>e amendment ii not cor</u> VA)	italied in the autename		
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The date of each amendment(s	adoption:	, if other than the
date this document was signed. 0	7/08/2021	
Effective date <u>if applicable</u> :	(no more than 90 days after amend	ment file date)
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filin Department of State's records.	g requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors v	rithout shareholder action and shareholder
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes c sufficient for approval.	ast for the amendment(s)
	approved by the shareholders through voting groups for each voting group entitled to vote separately on	
"The number of votes of	ist for the amendment(s) was/were sufficient for app	oroval
by		,
	(voting group)	
sele	director, president of other officer – if directors or eted, by an incorporator – if in the hands of a received intended fiduciary by that fiduciary)	
	DENISE MALLETT	
	(Typed or printed name of person sig	ning)
	PRESIDENT	
	(Title of person signing)	