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- ,	(Requestor's Name)		
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PM 4-10-15

COVER LETTER

TO: Amendment Section Division of Corpora				TAIL TAIL	5
NAME OF CORPORA	The River O	yster House & Wo	ood Grille Inc.		APR -
DOCUMENT NUMBE	D0000000	570		//	7
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		F 65	AM 8:
Please return all correspondent	ondence concerning this ma	tter to the following:		RIDA A	8: 10
<u></u>	David Bracha				
		Name of Contact Person	1		
<u> </u>	he River Oyst	ter House & V	Vood Grille Inc.	<u>. </u>	
		Firm/ Company		-	
6	350 S Miami A	ve			
		Address			
1	/liami, FL 331	30			
_	·	City/ State and Zip Code			
rivo	vo@amail oon	•			
<u> IIVO</u>	ys@gmail.com	ised for future annual report	notification)		
	Drittali address. (to be de	sed for future annual report	nonneation)		
For further information of	concerning this matter, pleas	se call:			
David Brach	a	_{at (} 305	, 903-2751		
Name of	Contact Person	- · · · - · · · · · · · · · · · · · · ·	de & Daytime Telephone Nu	mber	•
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:		
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address		Street	Address		
Amendment Section		Amend	lment Section		
Division of Corporations		Division of Corporations Clifton Building			
P.O. Box 6327 Tallahassee FI 32314			Building		

Tallahassee, FL 32301

•	Articles of Amendm	ent	5 -4	
	to Articles of Incorpora	tion	<u> </u>	15
	of	1104	7	0
The River Oyster House	& Wood Grille	e Inc.	22	Total
(Name of Corporation as curren	tly filed with the Florida	Dept. of State)	77.~	~-J ;
			77	3
(Document Numb	er of Corporation (if known	1)	Iku Lvi	<u>∞</u>
Pursuant to the provisions of section 607.1006, First Articles of Incorporation:	orida Statutes, this <i>Florida</i>	Profit Corporation adop	ots the following	amendment(s)
A. If amending name, enter the new name of t	he corporation:			
				The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," of	Corp," "Inc," or "Co". A			
B. Enter new principal office address, if applie	cable:			
(Principal office address MUST BE A STREET				
·				
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u> BOX</u>)			
·				
D. If amending the registered agent and/or rej	ristared office address in l	Florida enter the name	of the	
new registered agent and/or the new regist		rioriua, enter the hame	or the	
Name of New Designation of Asset				
Name of New Registered Agent				
	(Florida street addr	ess)		
New Registered Office Address:		, Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	Registered Agent:	l accent the obligations of	of the position	
Thereby accept the appointment as registered ago	om. I um juminur wich and	i accept the outgations t	у те розиюн.	
	AV . D			
Signature	of New Registered Agent, ij	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 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	<u>PT</u> <u>Jo</u>	ohn Doe	
X Remove	<u>v</u> <u>M</u>	like Jones	
X Add	SV Sa	ally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	Sect	Patrick Gleber	888 Kingman Rd
Add			Homestead, FL 33035
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add	•		<u> </u>
Remove			
5) Change	, 		
Add	•		
Remove			
6) Change			
Add			
Remove			

amending or adding additional Artitach additional sheets, if necessary).	(Be specific)
	, <u>-</u>
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
orovisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment(s) a	doption: 04/01/2015	, if other than the
date this document was signed.		
Effective date if applicable:		_
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voung group)	
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated_04/01/2	Educid High	
selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	_
	Patrick Gleber	
	(Typed or printed name of person signing)	
	Sect	
	(Title of person signing)	_