Florida Department of State Division of Corporations

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(((H08000248890 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CSH SERVICES, LLC

Account Number : I20070000160 Phone : (800)494-3124 Fax Number : (561)455-9885

COR AMND/RESTATE/CORRECT OR O/D RESIGN

LMT RESTAURANT CORPORATION

Certificate of Status	0	
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Page Count	03	
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Corporate Filing Menu

Help

Articles of Amendment to Articles of Incorporation of

4.080002488903

LMT RESTAURANT CORPORATION				
(Name of Corporation as currently filed with the Florida Dept. of State)				
P03000066608				
(Document Number of Corporation (if known)				
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:				
A. If amending name, enter the new name of the corporation:				
The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional ussociation," or the abbreviation "P.A."				
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) SCREEN STORY OFFICE SOX				
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:				
Name of New Registered Agent:				
New Registered Office Address: (Florida street address)				
(City), Florida_ (Zip Code)				
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.				
Signature of New Registered Agent, if changing				

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H. 18002488903 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
STD	LYNN SHINDELDECKER	6112 S. TAMIAMI TRAIL SARASOTA FL 34231	Add Remove
			Add Remove
			Add Remove
(attach addi	g or adding additional Articles, enter clional sheets, if necessary). (Be specific		
provisions	adment provides for an exchange, recla for implementing the amendment if no applicable, indicate N/A)		
	· · · · · · · · · · · · · · · · · · ·		
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4.08000248890:3
The date of each amendment(s) adoption: 11/3/2008
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"
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.
Dated November 3, 2008
Signature My Market (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)
MICHAEL MCKEON (Typed or printed name of person signing)
PRESIDENT (Title of person signing)

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