04000/28819

(Re	questor's Name)	
ı (Ad	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



500256978925

02/26/14--01008--005 **52.50

C. LEWIS FEB 2 6 2014 EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Lit			ach, Inc.
DOCUMENT NUMBER: P040	00012881	9	
The enclosed Articles of Amendment	and fee are sub	omitted for filing.	
Please return all correspondence cond	erning this matt	er to the following:	
LOUIS E	LOSTA		
		Name of Contact Person	n
Little Ca	esars		
		Firm/ Company	
11987 F	ox Hill Cir	cle	
		Address	
Boynton	Beach, F	L 33473	
····		City/ State and Zip Cod	е
eliasmoubar	ak@shcc	ulohal not	
		ed for future annual report	notification)
2 man aa	uress. (10 00 ust	a for facility inflation report	notification,
For further information concerning th	is matter, please	call:	
Louis Elosta		at (561	281-1727
Name of Contact Pers	on	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following	amount made p	ayable to the Florida Depa	artment of State:
	Filing Fee & ate 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 Corpora	ations		on of Corporations
P.O. Box 6327 Tallahassee, FL 32	214		Building Executive Center Circle

Tallahassee, FL 32301

APPROYED AND FILED

Articles of Amendment Articles of Incorporation of

14 FEB 26 PM 4: 36

SECRETARY OF STATE TALLAHASSEE, FLORIDA

LITTLE CAESARS OF PALM BEACH, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) P04000128819

lment(s) to

(Documer	it Number of Corporation	(if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporati	ion adopts the following
A. If amending name, enter the new na	ame of the corporation:		
came must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional co	
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)		Little Caesars Of Palm Beach	
		10559 Prato Street	
		Wellington, FL 33414	
		Little Caesars Of Palm Beach	
		10559 Prato Street	
		Wellington, F	L 33414
. If amending the registered agent an	d/or registered office ad	dress in Florida, enter the	e name of the
new registered agent and/or the new	registered office addre ELIAS MOUB <i>A</i>		
Name of New Registered Agent	10559 Prato S		
		street address)	 -
New Registered Office Address:	Wellington	,	orida 33414
New Registered Office Hauress.	(Cit	(v)	(Zip Code)

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>	John Doe	
X Remove	$\underline{\mathbf{v}}$	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	<u>P</u>	LOUIS ELOSTA	11987 Fox Hill Circle
Add			Boynton Beach, FL 33473
Remove			
2) Change	P	ELIAS MOUBARAK	10559 Prato Street
Add			Wellington, FL 33414
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	· · · · · · · · · · · · · · · · · · ·				
	· · · · · · · · · · · · · · · · · · ·	- 			
			····································	·····	
	·				
		·			
					
	 ,				
		·			····
<u> </u>					
If an amendment provides for an exch provisions for implementing the ame	ndment if not co	ntained in th	e amendment i	tself:	
(if not applicable, indicate N/A)					
	<u></u>				
				·	
		 		···	



The date of each amendment(s) adoption:	14 FEB 26 PM 4: 36	, if other than the
date this document was signed.	SECRETARY OF STATE TALL AHASSES, FLORIDA	
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 shareholder by the shareholders was/were sufficient for approval.	rs. The number of votes cast for the amendment(s)	
The amendment(s) was/were approved by the sharehold must be separately provided for each voting group entit		
"The number of votes cast for the amendment(s) w	as/were sufficient for approval	
by(voting group)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
The amendment(s) was/were adopted by the board of disaction was not required.		
The amendment(s) was/were adopted by the incorporato action was not required.	rs without shareholder action and shareholder	
Dated 2/24/2014		
	er officer – if directors or officers have not been	
appointed fiduciary by that fide	if in the hands of a receiver, trustee, or other court uciary)	
LOUIS ELOSTA		
(Тур	ed or printed name of person signing)	
PR	<u></u>	
	(Title of person signing)	