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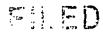
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FOR	REY GRILL	INC.	
DOCUMENT NUMBER: P 050000			
The enclosed Articles of Amendment		abmitted for filing.	
Please return all correspondence conc	erning this ma	tter to the following:	
BARBARA J	GRIGG-BAIL	EY	
-		Name of Contact Perso	n
FORREY GRI	LL		
	·	Firm/ Company	
280 NORTH E	BRIDGE ST	,	
	- .	Address	
LABELLE FL	33935	, 1941-00	
		City/ State and Zip Cod	, <u>.</u>
		City/ State and Zip Cod	ic.
FORREYGRII	LL@COMCA	ST.NET	
E-mail ad	dress: (to be u	sed for future annual report	notification)
For further information concerning th	is matter, plea	se call:	
BARBARA GRIGG-BAILEY		at (²³⁹	560-6509
Name of Contact Person		Arua Co	de & Daytime Telephone Number
Enclosed is a check for the following	amount made	payable to the Florida Dep	artment of State:
	Filing Fee & ate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 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		Ameno Divisio	Address Iment Section on of Corporations entre of Tallahassee

Tallahassee, FL 32303

Articles of Amendment to **Articles of Incorporation** of



(Name of Corporation as currently filed with the Florida IP 05000093560 (Document Number of Corporation (if known)) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company." or "incorporation" "lnc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation "chartered," "professional association," 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)	OFOT OF STATE
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(Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable:	ted" or the abbreviation "Corp.," on name must contain the word
D. If amending the registered agent and/or registered office address in Florida, enter the new registered agent and/or the new registered office address:	name of the
Name of New Registered Agent	
(Florida street 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 with and accept the obliga	ttions of the position.
Signature of New Registered Agent, if changi.	ns

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	<u>PT</u> <u>Joh</u>	<u>in Doc</u>	
X Remove	<u>v</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	V	STEPHEN A JOHNSON	110 TRUMAN AVE
X Add			LEHIGH ACRES, FL 33936
Remove			
2) Change	<u>S</u>	AMANDA M JOHNSON	110 TRUMAN AVE
X Add			LEHIGH ACRES, FL 33936
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			***
Add			
Remove			
6) Change			_,
Add			
Remove			

amendment provides for an exchange, reclassification, or cancellation of issued shares, isions for implementing the amendment if not contained in the amendment itself. (if not applicable, indicate N/A)	nending or adding additional Arti th additional sheets, if necessary).	(Be specific)			
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(if not applicable, indicate N/A)	visions for implementing the amo	endment if not contair	red in the amenda	ent itself:	
	(if not applicable, indicate N/A)				
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		_		·-	
					

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no	more than 90 days after amendment file date)
Note: If the date inserted in this block does not me document's effective date on the Department of State	eet the applicable statutory filing requirements, this date will not be listed as the e's records.
Adoption of Amendment(s) (CHECH	(ONE)
The amendment(s) was/were adopted by the incoraction was not required.	porators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appro	cholders. The number of votes cast for the amendment(s) oval.
	reholders through voting groups. The following statement up entitled to vote separately on the amendment(s):
"The number of votes east for the amendme	ent(s) was/were sufficient for approval
BARBARA J GRIGG BAILEY	,,,
(voting g	roup)
	of other officer – if directors or officers have not been ator – if in the hands of a receiver, trustee, or other court hat fiduciary)
BARBARA J G	RIGG-BAILEY
(Турк	ed or printed name of person signing)
PRESIDENT	
(Title	of person signing)