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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MUSTANG SALI	LÝ'S TAVERN, INC.			
DOÇUMENT NUMB	P06000100401				
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
	'ROCKY WOUDWYK				
-	Name of Contact Person				
-	Firm/ Company				
• ;	8714 SCHRADER BOULEVARD				
-	Address				
-	PORT RICHEY, FLORIDA 34668				
_		City/ State and Zip Code			
	E-mail address: (to be us	sed for future annual report n	otification)		
For further information	concerning this matter, pleas	se call:			
ROCKY WOUDWYK			510 - 3987 e & Daytime Telephone Number		
Name of Contact Person		· Area Code	e & Daviime Telebhone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depart	tment of State:		
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amer Divis P.O.	ing Address idment Section ion of Corporations Box 6327 hassee, FL 32314	Division Clifton E	nent Section of Corporations		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MUSTANG SALLY'S TAVERN, INC. (Name of Corporation as currently filed with the Florida Dept. of State) · P06000100401 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to 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 "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 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: 8714 SCHRADER BOULEVARD · (Mailing address MAY BE A POST OFFICE BOX) PORT RICHEY, FLORIDA 34668 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: **ROCKY WOUDWYK** Name of New Registered Agent 8714 SCHRADER BOULEVARD (Florida street address) PORT RICHEY New Registered Office Address: (City)

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 Ingent, if 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.

Example: X Change	<u>PT</u>	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	CARRIE PINA	P.O. BOX 3884	
Add			HOLIDAY, FLORIDA 34692	
X Remove				
2) Change	Ė	ROCKY WOUDWYK	8714 SCHRADER BOULEVARD	
X Add			PORT RICHEY, FLORIDA 34668	
Remove				
3) Change		***************************************		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change			<u></u>	
Add				
Remove				

	(Be specific)
N/A	
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provisions for implementing the and	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	

	MAY 31, 2017	*6 4 4 4
The date of each amendment(s) a date this document was signed.	idoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will repartment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
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)	
☐ The amendment(s) was/were ad action was not required.	lopted 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	
MAY 31, Dated	2017	
Signature	Tooly Woudung director, president or other officer – if directors or officers have not been	_
(By a c	ed, by an incorporator – if in the hands of a receiver, trustee, or other court	
	nted fiduciary by that fiduciary)	
	(Typed or pristed name of person signing)	<u></u>
	PARCIDELLI	
	(Title of person signing)	