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	(Requestor's Name)
	(Address)
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<u>,</u>	(Address)
	(City/State/Zip/Phone #)
PICK-UI	WAIT MAIL
·	(Business Entity Name)
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	(Document Number)
Certified Copies	Certificates of Status
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Special Instructions	s to Filing Officer:
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SECRETARY OF STATI

Amend News 7-13-10

COVER LETTER

TO: Amendment Section Division of Corporations		
NAME OF CORPORATION:	RECE CAFE CORD	<i>?</i> "
DOCUMENT NUMBER: 67000092	628	······································
The enclosed Articles of Amendment and fee are so	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Vinton FRA Name	of Contact Person	······································
JAMBAREL CAF	rm/ Company	
849 ms. DA,	TON CIRCLE Address	
FORT. LAW DURYS	AL = 1-1 3331 State and Zip Code	<u>Z</u>
Vin 10 NAT-BAGGA AOL-C E-mail address: (to be used for	Om future annual report notification)	
For further information concerning this matter, plea	ase call:	
Vintion A FAAG Name of Contact Person	at (954) 3 4 7 i Area Code & Daytime Tel	7507 lephone Number
Enclosed is a check for the following amount made	payable to the Florida Depar	tment of State:
\$35 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	Street Address Amendment Section Division of Corporations Clifton Building	· · . : .
Tallahassee, FL 32314	2661 Executive Center Circ	le -

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

	of	" (FD
	JAMBAREE CAFE' CORP	CUID JUL 20
	(Name of Corporation as currently filed with the Florida Dept. of State)	- TALLERETAR DULL
•	P07000092628	- CAHASSEF OF STA-
	(Document Number of Corporation (if known)	E. FLORIDA
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			The ne
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the a name must contain the word "chartered," "profe	designation "Corp," "Inc,	" or "Co". A profession	orated" or t
B. Enter new principal office address, if appli (Principal office address <u>MUST BE A STREET</u>			
		. ;	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u>E BOX</u>)		
D. If amending the registered agent and/or re new registered agent and/or the new regist		Florida, enter the nam	e of the
Name of New Registered Agent:	•	:	
New Registered Office Address:	(Florida street a	ddress)	
· -	(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	g Registered Agent:		of the positio
		. !	

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>	Name	Address	Type of Action
UP.	ANGEC WRIGHT	5790 LAKES 5 MAGATE FL. 33063	Add Remove
<u>er-o</u>	ANTHONY FRAY	Befg WS DAY FORT-LAUDEADA FL 38312	Add 14. PRemove
··			
	ng or adding additional Articles, enter of tional sheets, if necessary). (Be specificational sheets)		
* ·			
<u> </u>			
provision	ndment provides for an exchange, reclass for implementing the amendment if napplicable, indicate N/A)	assification, or cancellation of ot contained in the amendme	issued shares, nt itself:
() ///	approcuose, maneure 1971)		· · · -
,			

The date of each amendment(s) ad	loption:// 7]	10	
Effective date if applicable:	(date of adof 7/7/10) more than 90 days after am	otion is required)	*
· (no i	more inan 90 aays ajier am	enament file aate)	
Adoption of Amendment(s)	(CHECK ONE)		• • •
The amendment(s) was/were ado by the shareholders was/were sur		The number of votes of	ast for the amendment(s)
The amendment(s) was/were app must be separately provided for	each voting group entitled	to vote separately on	the amendment(s):
"The number of votes cast fo	,,	vere sufficient for appr	roval
by(voti	ng group) .	. "	1
The amendment(s) was/were ado action was not required.	ppted by the board of direct	ors without sharehold	er action and shareholder
The amendment(s) was/were ado action was not required.	opted by the incorporators v	vithout shareholder ac	tion and shareholder
Dated 7/6/	110	_	÷ .
Signature	NA	m j	
selected,	ector, president or other off by an incorporator – if in the I fiduciary by that fiduciary	he hands of a receiver	fficers have not been , trustee, or other court
аррописс		•	
	(Typed or printed n	name of person signing	g) .
	<i>.</i>		
· · · · · · · · · · · · · · · · · · ·	(Title of person signing)	