

PD7000118655

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

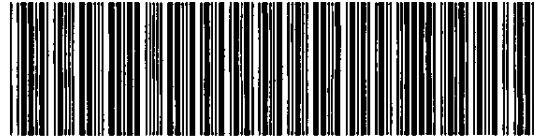
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2018 MAR 23 PM 1:40  
Clerk of Court  
100 North 1st Avenue  
Tallahassee, FL 32301

ccid  
Amend/Name  
chg

MAR 28 2018  
I ALBRITTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Miami Subs Franchising Corporation

**DOCUMENT NUMBER:** P07000118655

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bernard H. Vogel

Name of Contact Person

Miami Subs Franchising Corporation

Firm/ Company

6300 NW 31st Avenue

Address

Fort Lauderdale, FL 33309

City/ State and Zip Code

shari@miamisubs.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bernard H. Vogel

at ( 954 ) 973-0000

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|---|---|--|

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

March 26, 2018

Florida Department of State  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL, 32301  
Attn: Ms. Irene Albritton  
Regulatory Specialist II



**VIA: Federal Express #7718 3430 4819**

Re: Miami Subs Franchising Corp # P07000118655  
Your Letter #: 618A00004854

Dear Ms. Albritton,

We received your response denying our request to change the name of our entity Miami Subs Franchising Corp. to Miami Grill Franchising Corp as it is not distinguishable from the name of the existing entity known as Miami Grill Franchising Co Inc., #F17000004546.

However, we are the owners of both entities and hereby grant permission for you to:

1. Process the original name change request effective immediately which request was to change Miami Subs Franchising Corp. TO Miami Grill Franchising Corp.;

And

2. Add two (2) additional officers onto this entity (as listed on page 2 of the original change request submitted) as follows:
  - A. Jonathan H. Vogel – V = Vice President  
6300 NW 31<sup>st</sup> Avenue  
Fort Lauderdale, FL 33309
  - B. Evan B. Friedman – V = Vice President  
6300 NW 31<sup>st</sup> Avenue  
Fort Lauderdale, FL 33309

Should you have any questions, you may contact me directly at (516) 395-8103.

Thank you for your prompt attention to this matter.

Sincerely,  
**MIAMI SUBS FRANCHISING CORP.**

Bernard H. Vogel  
Co-President, Registered Agent

BHV: sbf

Encl.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 9, 2018

BERNARD H. VOGEL  
MIAMI SUBS FRANCHISING CORP  
6300 NW 31ST AVENUE  
FORT LAUDERDALE, FL 33309

SUBJECT: MIAMI SUBS FRANCHISING CORP  
Ref. Number: P07000118655

We have received your document for MIAMI SUBS FRANCHISING CORP and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is F17000004546 - MIAMI GRILL FRANCHISING CO INC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 618A00004854

Articles of Amendment  
to  
Articles of Incorporation  
of

Miami Subs Franchising Corporation

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

P07000118655

(Document Number of Corporation (if known))

FILED  
2019 MAR 28 PM 1:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:**

Miami Grill Franchising 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 association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
(Principal office address **MUST BE A STREET ADDRESS**)

6300 NW 31st Avenue

Fort Lauderdale, FL 33309

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

6300 NW 31st Avenue

Fort Lauderdale, FL 33309

**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

(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 obligations of the position.

\_\_\_\_\_  
Signature of New Registered Agent, 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:**

☒ Change                      PT        John Doe

☐ Remove                      V        Mike Jones

☒ Add                              SV        Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>V</u>	<u>Jonathan H. Vogel</u>	<u>6300 NW 31st Avenue</u>
<input checked="" type="checkbox"/> Add			<u>Fort Lauderdale, FL 33309</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>V</u>	<u>Evan B. Friedman</u>	<u>6300 NW 31st Avenue</u>
<input checked="" type="checkbox"/> Add			<u>Fort Lauderdale, FL 33309</u>
<input type="checkbox"/> Remove			
3 ) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

N/A

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

N/A

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

March 1, 2018

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**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 \_\_\_\_\_."  
(voting group)

- ☒ 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.

March 1, 2018  
Dated \_\_\_\_\_

Signature \_\_\_\_\_  
(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)

Bernard H. Vogel

\_\_\_\_\_  
(Typed or printed name of person signing)

Director

\_\_\_\_\_  
(Title of person signing)