(Requestor's Name)	
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(City/State/Zip/Phone #)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION:C	CHEESEBURGER FACTOR	Y INC
DOCUMENT NU	MBER:	P09000025783	
The enclosed Articl	les of Amendment and fee	are submitted for filing.	
Please return all cor	respondence concerning th	is matter to the following:	
-		AL DESAI Name of Contact Person	
	1	Name of Contact Person	
_	PREMIE	ER ACCOUNTING & TAX	
		Firm/ Company	
_	7087 GRA	ND NATIONAL DR STE 102	
		Address	
_		RLANDO, FL 32819 City/ State and Zip Code	
		,	
	AL@ E-mail address: (to be us	PREMTAX.COM ed for future annual report notification)	
For further informa	tion concerning this matter	, please call:	
	AL DESAI	at (407) 34	5-0007
	of Contact Person	Area Code & Daytime Tele	
Enclosed is a check	for the following amount	made payable to the Florida Departi	ment of State:
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate 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 Ad Amendment Division of P.O. Box 63 Tallahassee.	t Section Corporations 227	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	2

Tallahassee, FL 32301

Articles of Amendment	and the second
Articles of Incorporation of	2009 JUN 23
CHEESEBURGER FACTORY INC	TALLAE TARY AM 9: 13
(Name of Corporation as currently filed with the Florida Dept. of S	State) TASSEE COLATE
P09000025783	
(Document Number of Corporation (if known)	

lowing

A. If amending name, enter the new name of	<u> </u>	
name must be distinguishable and contain	K'S BISTRO INC the word "corporation," "o	The new company," or "incorporated" or the
abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	e designation "Corp," "Inc,"	or "Co". A professional corporation
B. Enter new principal office address, if ap (Principal office address MUST BE A STREE		<u> </u>
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		
D. If amending the registered agent and/or new registered agent and/or the new reg		Florida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street add	dress)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if chang I hereby accept the appointment as registered		l accept the obligations of the position.
	Signature of New Registered A	laont if chanaina
	oignature oj New Registerea A	igeni, ij enunging

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)

Title ·	<u>Name</u>	<u>Address</u>	Type of Action
	 		_
	· ·		
E. <u>If amend</u> (attach add	ing or adding additional Articles, enditional sheets, if necessary). (Be specified)	ter change(s) here: ecific)	
provisio	endment provides for an exchange, in some section of the section o		

JUNE 15, 2009 (date of adoption is required) (no more than 90 days after amendment file date) (CHECK ONE)
(no more man 20 days after amenament file date)
(CHECK ONE)
ere adopted by the shareholders. The number of votes cast for the amendment(s) tere sufficient for approval.
ere approved by the shareholders through voting groups. The following statement and for each voting group entitled to vote separately on the amendment(s):
cast for the amendment(s) was/were sufficient for approval
(voting group)
(voting group)
ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder
y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary) (Typed or printed name of person signing)