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Account Name : CORPORATION SERVICE COMPANY

Account Number : 120000000195 Phone : (850)521-1000 Fax Number : (850)558-1515

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September 10, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GOLDEN CRABHOUSE 2 INC. 7620 LEM TURNER ROAD JACKSONVILLE, FL 32208

Please give original authoriesion date as file date.

SUBJECT: GOLDEN CRABBOUSE 2 INC.

REF: P09000082335

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The date of adoption of each amendment must be included in the document.

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) 245-6925.

Teresa Brown Regulatory Specialist II FAX Aud. #: H10000199815 Letter Number: 910A00021616

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P.O BOX 6327 - Tallahassee, Florida 32314

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. yousit		9046196194	р.3	
	Articles of Amenduc	ait	•	
	fo		25 B	
A	articles of Incorporati	ion	5	
	of			10 Y
GOLDEN C	RABHOUSE 2 INC.		4	0 1
(Name of Corporation as curre	ntly tiled with the Flori	da Dept of State)	(J ₂)	12 June 1 8 June
POS	0000082335	***	,	39 3
(Document Num	ber of Corporation (if kn	owii)		
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	i, Florida Statutes, this J	Morido Profit Corporation ed	opts the following	
A. If amending name, enter the new name of	the corporation:			*
			The new	
name must contain the word "chartered," "prof B. <u>Euter new principal office address, if appl</u> (Principal office address <u>MUST BE A STREET</u>	icable:	the abbreviotion "P.A."	_	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFIC</u>	CE BOX)			
D. If amending the registered agent and/or re	mistered office address	in Florida, enter the same of	the	
new registered agent and/or the new regist	tered office address:			
Name of New Registered Agent:				
New Registered Office Address:	(Florida street	·		İ
-	40	, Florida		
	(CIb)	(Zip Code)		1
New Registered Agent's Signature, if changing	g Registered Agent			
I hereby occept the appointment as registered ag	6 AND STREET PRESENT			l l

Page # nf3

Signoture of New Registered Agent, If changing

p.4

yousif			9046196194	
removed at	g the Officers and/or Directors, enter id title, name, and address of each Of litonal sheets, if necessary)			
Title	Name	Address	Type of Action	
Director	HASHEM EASA	Julo Len J	[] 1/1/2/2013 Add 1/2/2013 Remove	
-			O Add	
·	THE WE ARREST TO THE STATE OF T		D Add	
provisio	rendment provides for an exchange, re us for implementing the amendment in applicable, indicate N/A)	elassification, or concelluth	on of issued shares, dinent itself:	

yousif		9046196194	p.5
'The date of each amendmout Effective date <u>iCapplicable</u> :	(s) zdoption: 6 - 16 (date of ad	7 · 2 O1 O option is required) micridesent file date)	,
Adoption of Assessment(s)	(CHECK ONE)		
The amendment(s) wastween by the shareholders wastween		. The number of votes east for the amendment(s)	
		s through voting groups. The following statement d to vote separately on the amendment(s):	
"The number of votes	cast for the amendment(s) was	were sufficient for approval	
by	(voling group)	, n	
The unicodinent(s) was/wer action was not required.	e adopted by the board of dire	cints without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	e adopted by the incorporators	Without shareholder sesion and shareholder	
Dated	119/1010	_	
sele	a director, president or other or sted, by an incorporator if in binted fiductury by that fiducia	fficer – if directors or officers have not been the hands of a receiver, trustee, or other court try)	
•	1-10Shem F. (Typed or printed	BUT parme of person signing)	
	Ownor - Pro	esident	