

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CSH SERVICES, LLC

Account Number: 120070000160 Phone: (800)494-3124
Fax Number: (561)455-9885

COR AMND/RESTATE/CORRECT OR O/D RESIGN

CERILA PINHEIRO-LOCICERO, INC.

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 03 |
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Articles of Amendment to Articles of Incorporation of

| of | . M |
|--|----------------|
| CERILA PINHEIRO-LOCICERO, INC | 65 5 |
| (Name of Corporation as currently filed with the Florida Dept. of State) | E. |
| P09000087287 | |
| (Document Number of Corporation (if known) | ,× |
| uant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporat | ion adopts the |

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: |
|---|
| MEMORIES RESTAURANT & SPORTS BAR, INC. |
| 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 ussociation," 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: (Mailing address MAY BE A POST OFFICE BOX) |
| 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: CLAUDINA PINHEIRO |
| New Registered Office Address: 13662 N CLEVELAND AVE (Florida street address) |
| NORTH FORT MYERS , Florida 33903 (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 position. |
| Signature of New Registered Agent, if changing |

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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> Fitle</u> | <u>Name</u> | Address | Type of Action |
|---------------|--|---|-------------------|
| | Cerila Pinheiro-Locicero | 13662 N CLEVELAND AVE NORTH FORT MYERS FL 33903 | Add Remove |
| | | | Add Remove |
| | | | □ Add □ Remove |
| | g or adding additional Articles, enter of the control of the contr | | |
| Officer/Direc | tor Detail, please update: | • | |
| | PINHEIRO IS HEREBY APPOINT | TED TO BOTH PRESIDENT A | & DIRECTOR |
| | | | **** |
| | | | <u>.</u> |
| | | | |
| F. Ifan amer | ndment provides for an exchange, recl | assification or cancellation of iss | ned chares |
| provisions | for implementing the amendment if rapplicable, indicate N/A) | ot contained in the amendment is | tself: |
| | | · | |
| | | | |
| | | | |
| | | <u> </u> | |
| | D. | 2.63 | |

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| The date of each amondme | nt(s) adoption: NOVEMBER 05, 2009 # .09000 235571 - 3 |
|-------------------------------------|---|
| | |
| Effective date <u>if applicable</u> | (no more than 90 days after amendment file date) |
| , | |
| Adoption of Amendment(s) | (CHECK ONE) |
| | were adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval. |
| | vere approved by the shareholders through voting groups. The following statement ded for each voting group entitled to vote separately on the amendment(s): |
| "The number of vote | s cast for the amendment(s) was/were sufficient for approval |
| by | (voting group) |
| action was not required. | vere adopted by the board of directors without shareholder action and shareholder vere adopted by the incorporators without shareholder action and shareholder |
| Dated_11/ | 05/2009 |
| (E | By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court prointed fiduciary by that fiduciary) |
| | Claudina Pinheiro (Typed or printed name of person signing) |
| | Director & President |
| | (Title of person signing) |

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