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(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)
(D)		
(De	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	





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07/16/14--01024--003 **35.00

Amend 100,30,14

COVER LETTER

TO: Amendment Section

Division of Corporations		
NAME OF CORPORATION: CROWL DOCUMENT NUMBER: P09000099	EY'S RESTAU 9674	RANT INC
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
DENNIS C CF	ROWLEY	
CROWLEY'S	Name of Contact Person	
269 CENTRA	Firm/ Company	
ST PETERSB	BURG, FL 3370)1
	City/ State and Zip Cod	e
KIRCROWLEY@		
E-mail address: (to be	used for future annual report	notification)
For further information concerning this matter, ple	ease call:	
WATSON SINDEN ESQ	at (727	, 321-4700
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount mad	e payable to the Florida Depa	artment of State:
■ \$35 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 Address Amendment Section Division of Corporations	Ameno	Address Iment Section on of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of



CROWLEY'S RESTAURANT INC

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

P09000099674

(Document Number of Corporation (if known)

mendment(s) to

			The
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Coord "chartered," "professional association," or	Corp," "Inc," or "Co". A pre	uny," or "incorpo ofessional corport	orated" or the abbrevia
B. Enter new principal office address, if applic Principal office address <u>MUST BE A STREET</u>		·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)		
. If amending the registered agent and/or reg	istered office address in Flori	ida, enter the nan	ne of the
new registered agent and/or the new registe Name of New Registered Agent	• · · - · · · · · · · · · · · · · · · · 		
Munic of New Registered Agent		*1=4	
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)		(Zip Code)

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: X Change	<u>PT</u>	John D	<u>oe</u>	
X Remove	<u>V</u>	Mike J	ones	
X Add	<u>sv</u>	<u>Sally S</u>	mith_	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	CEO) 	ANTHONY T OSTROWSKI S	269 CENTRAL AVE
Add				ST PETERSBURG FL 3370
Remove				
2) Change				
Add				
Remove				
3) Change	75	_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

tach additional sheets, if necessary).	cles, enter change(s) (Be specific)			
		-		
				
				70-11.
				
		··· —···		****
			<i>6</i> :	
n amendment provides for an exch	lange, reclassificatio	n, or cancenation	i or issued snar Iment itself:	<u>rs,</u>
ovisions for implementing the ame	ndment if not contai		***************************************	
ovisions for implementing the ame	ndment if not contai			
ovisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contai			
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The date of each amendment(s) adoption: JULY 9, 2014	, if other than th
date this document was signed.	
Effective date if applicable: JULY 9, 2014	
(no more than 90 days after amendment file date)	_
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.	
Dated JULY 9, 2014	1
(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)	۴
DENNIS C CROWLEY	
(Typed or printed name of person signing)	_
PRESIDENT	
(Title of person signing)	_