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Amendico

MAR 3 1 2020 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: ACROPOLIS ME	DITERRANEAN RESTAU	JRANT, INC.	
DOCUMENT NUME	P 1000000014	<u>.</u>		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	AMER SWAB			
		Name of Contact Persor	1	
	ACROPOLIS MEDITERRANEAN RESTAURANT, INC.			
		Firm/ Company	-	
	1833 E 7TH AV			
		Address	-	
	YBOR CITY, FL 33605			
		City/ State and Zip Cod	<u> </u>	
	AMERSWAB@GMAIL.CO	М		
	_	sed for future annual report	notification)	
For further information	n concerning this matter, plea	813	585-8865	
	of Contact Person	at (de & Daytime Telephone Number	
	r the following amount made			
■ \$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)	
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amenc Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

ACROPOLIS ME	DITERRANEAN	RESTAURANT.	INC
--------------	-------------	-------------	-----

(Name o	of Corporation as curr	ently filed with the Florida Dept. of State)		
P 1000000014				
<u>-</u>	(Document Numb	er of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, t	this Florida Profit Corporation adopts the fol	lowing amendn	nent(s) to
A. If amending name, enter the new na	ame of the corporation	<u>u</u>		
			The ne	'Ne'
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	"orp," "Inc," or "Co"	," "company," or "incorporated" or the abbr A professional corporation name must o .A."	eviation "Corp.,	, ••
B. Enter new principal office address,	if applicable:		707	
(Principal office address <u>MUST BE A S</u>				丁!
		-	5.6	·
				g
C. Enter new mailing address, if appli	icable:		至	
(Mailing address MAY BE A POST)	OFFICE BOX)		<u></u>	
			Ψ,	
		 		•
D. If amending the registered agent as new registered agent and/or the new		address in Florida, enter the name of the		
·	AMER SWAB	. C.3.1		
Name of New Registered Agent	1833 E 7TH AV.			
		la street address)		
	YBOR CITY,	37	3605	
<u>New Registered Office Address:</u>		, Florida, Florida	(Zip Code)	-
			(/-	
New Registered Agent's Signature, if c	hanging Registered Ag	ent:		
I hereby accept the appointment as regist	tered agent. I am famil	iar with a paccept the obligations of the pos	ition.	
		16490		
	Signature of Ne	refregistered Agent, if changing	•	
Check if applicable	1	√		

Effects if applicable

■ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

Evample: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	D	GABRIEL YOUSSEF RAAD	3005 LYNWOOD CT
X Add			LAND O LAKES, FL 34638
Remove			
2) Change	D	SOUBHI WAEZ	1833 E 7TH AVE
Add	-		YBOR CITY, FL 33605
X Remove Change			
Add			
Remove			·
4) Change			
Add			
Remove			
5) Change			<u> </u>
Add			
Remove			
6) Change			
Add			
Remove			

Attach	iding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)	
		
		
<u>fan a</u> provi	mendment provides for an exchange, reclassification, or cancellation of issued shares, sions for implementing the amendment if not contained in the amendment itself:	
(į	f not applicable, indicate N/A)	
		

MARCH 13, 2020 , if other than the The date of each amendment(s) adoption: date this document was signed. 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 incorporators, or board of directors without shareholder action and shareholder action was not required. ☐ 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) MARCH 13, 2020 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) AMER SWAB (Typed or printed name of person signing) VP - DIRECTOR

(Title of person signing)