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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: ACROPOLIS ME	DITERRANEAN RESTAU	JRANT, INC.	
	BER: P 1000000014			
	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	AMER SWAB			
		Name of Contact Person	1	
	ACROPOLIS MEDITERRANEAN RESTAURANT, INC.			
		Firm/ Company		
	1833 E 7TH AV.			
		Address		
	YBOR CITY, FL 33605			
	-	City/ State and Zip Code	<u> </u>	
	AMERSWAB@GMAIL.CO	М		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas		588 288	
<u> </u>	of Contact Person	at (813	) 585-8865 de & Davtime Telephone Number	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Am Div P.C	iling Address endment Section ision of Corporations b. Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303	

## Articles of Amendment to Articles of Incorporation of

ACROPOLIS MEDITERRANEAN RESTAURANT, INC.

(Name of Corporation	on as currently filed with the Florida Dept. of State)
P 1000000014	
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida ts Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the co	erporation:
name must he distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	The new orporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word viation "P.A."
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADD</u>	
Enter new mailing address, if applicable: (Mailing address MAYBEA POST OFFICE BO)	<u>X</u> )
. If amending the registered agent and/or register new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Regi	istered Agent:
hereby accept the appointment as registered agent. I	l am familiar with and accept the obligations of the position.
Signer	tture of New Registered Agent, if changing

Check 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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	GABRIEL YOUSSEF RAAD	305 LYNWOOD CT
Add			LAND O LAKES, FL 34638
X Remove			
2) X Change	D	AMER SWAB	1833 E 7TH AVE.
Add			YBOR CITY, FL 33605
Remove 3 ) Change	VP	MICHAEL MIKULA Jr	1720 E 15TH AVW.
X Add			YBOR CITY, FL 33605
Remove	5	JOHN MD ANGE	
4) Change	D	JOEL KRAUSS	1720 E 15TH AVE.
X Add			YBOR CITY, FL 33605
Remove			<u></u>
5) Change			
Add			
Remove			
6) Change		<del>-</del> ————————————————————————————————————	
Add			
Remove			

	ng or adding additional A litional sheets, if necessary				
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F Ifan amo	dment provides for an e	vehanaa raelassifie	ation or concellet	ian of icewad charac	
provisio	s for implementing the a	mendment if not co	ntained in the am	endment itself:	
(if n	applicable, indicate N/A)	)	intanica in the ann	endifert nacii.	
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	APRIL 14, 2020	
The date of each amendment(s date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment	file date)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing req Department of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors withou	it shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for sufficient for approval.	or the amendment(s)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The for each voting group entitled to vote separately on the ar	r following statement mendment(s):
"The number of votes c	ast for the amendment(s) was/were sufficient for approva	I
by		
	(voting group)	
APRIL Dated	4, 2020	
Signature 2	A H.S	<del></del>
sele	director, president or other officer – if directors or officer sted, by an incorporator – if in the hands of a receiver, tru- inted fiduciary by that fiduciary)	ers have not been stee, or other court
	HASSAN SWAB	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	