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| uestor's Name) | | |
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| ess) | | |
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| State/Zip/Phon | e #) | |
| ☐ WAIT | MAIL | |
| ness Entity Nai | me) | |
| (Document Number) | | |
| Certificate | s of Status | |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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10/27/10--01013--030 **43.75



10 /29/10

COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

| Division of Corporations | | | | |
|---|--|---|--|--|
| NAME OF CORPORATION: Che 7 | MLS Res | taurant Inc | | |
| DOCUMENT NUMBER: P 1000 | 0020107 | | | |
| The enclosed Articles of Amendment and fee are | e submitted for filing. | | | |
| Please return all correspondence concerning this | matter to the following: | | | |
| . Manarchik | A Prochette me of Contact Person | | | |
| Chez mis | Restaurant Firm/Company | | | |
| 3760 NE 3 | 3rd Arenne Address | | | |
| Pompa, o Beach Fl 330764/ City/ State and Zip Code | | | | |
| E-mail address (to be used | for future annual report notification) | COM | | |
| For further information concerning this matter, p Name of Contact Person | olease call:at \(\frac{991}{\text{Area Code & Daytime Tel}} \) | | | |
| Enclosed is a check for the following amount ma | ade payable to the Florida Depar | tment of State: | | |
| \$35 Filing Fee \$\times \$43.75 Filing Fee & Certificate of Status | S43.75 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 P.O. Box 6327 | Street Address Amendment Section Division of Corporations Clifton Building | | | |

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

| • | of | THE PART OF THE LEAD |
|--|-----------------------------|--|
| Olain solo D | lackoung + | 2010 OCT 27 PM led la |
| (Name of Corporation as curr | antly filed with the Florid | TO SECRETARY OF STATE |
| (Name of Corporation as curr | Collowing the Fioric | THE DEDL OF STREET AHASSEE, FLORIDA |
| 41000030 | 2010 F | · |
| (Document Nur | nber of Corporation (if kno | own) |
| Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation: | 6, Florida Statutes, this F | Torida Profit Corporation adopts the following |
| A. If amending name, enter the new name o | f the corporation: | |
| | | The new |
| name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro | e designation "Corp," "Inc | c," or "Co". A professional corporation |
| B. Enter new principal office address, if app | | |
| (Principal office address <u>MUST BE A STREE</u> | TADDRESS) | |
| | | |
| | | |
| C. Enter new mailing address, if applicable | : | |
| (Mailing address MAY BE A POST OFFI | | |
| | | |
| | | |
| | | |
| D. If amending the registered agent and/or new registered agent and/or the new registered agent agen | | in Florida, enter the name of the |
| | | |
| Name of New Registered Agent: | | |
| | | |
| New Registered Office Address: | (Florida street d | address) |
| | | , Florida |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changi | na Registered Agent. | |
| I hereby accept the appointment as registered a | | and accept the obligations of the position. |
| | | |
| | Signature of New Registers | d Agent if changing |

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)

| Title . | <u>Name</u> | Address | Type of Action |
|-----------------|--|--|-----------------------------------|
| I | sony bavale | 1335 S. DIXIA #420 Deerfield Bunica | |
| | | | |
| | | | |
| | | | |
| | | | |
| <u>provisio</u> | nendment provides for an exchange, rons for implementing the amendment tot applicable, indicate N/A) | eclassification, or cancellation if not contained in the amenda | of issued shares, nent itself: |
| | | | |
| | | | |
| | | | |

| The date of each amendment(s | |
|---|--|
| Effective date if applicable: | (date of adoption is required) |
| Enecuve date it applicable. | (no more than 90 days after amendment file date) |
| € 10 × 10 × 10 × 10 × 10 × 10 × 10 × 10 | |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/were by the shareholders was/wer | e adopted by the shareholders. The number of votes cast for the amendment(s |
| | e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s): |
| "The number of votes ca | ast for the amendment(s) was/were sufficient for approval |
| by | (voting group) |
| (| (voting group) |
| The amendment(s) was/were action was not required. | e adopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/were action was not required. | e adopted by the incorporators without shareholder action and shareholder |
| Dated | 10.22,10 |
| Signature | 110mg/10th |
| | director, president or other officer # if directors or officers have not been |
| appo | ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary) |
| | Manuachka Prochette (Typed or printed name of person signing) |
| | Vi Ce President (Title of person signing) |