

/D.	No.	
(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE
SALLAMASSEE FLOORS

## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: CHARCOAL JOE RESTAURANT INC. DOCUMENT NUMBER: P10000039191 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JABED M KAWSAR Name of Contact Person Firm/ Company 10249 JOHN YOUNG PARKWAY UNIT 109 Address ORLANDO FL 32837 City/ State and Zip Code JAVEDK93@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JORGE A ORDINOLA

**\$35** Filing Fee

TO: Amendment Section

□\$43.75 Filing Fee & Certificate of Status

Enclosed is a check for the following amount made payable to the Florida Department of State:

□\$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** 

Name of Contact Person

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## **Articles of Amendment** to Articles of Incorporation

## CHARCOAL JOE RESTAURANTS INC.

13 MAY 24 PM 12: 45

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

P10000039191

(Document Number of Corporation (if known)

ndment(s) to

(Mailing address MAY BE A POST OFFICE BOX)  UNIT	fessional corporation name must		
(Mailing address MAY BE A POST OFFICE BOX)  UNIT  ORLA			
UNIT	JOHN YOUNG PKWY		
	UNIT 109		
	ANDO, FL 32837		
new registered agent and/or the new registered office address:  Name of New Registered Agent  Name of New Registered Agent	ia, enter the name of the		
3440 BURLINGTON DI	₹		
(Florida street address)			
New Registered Office Address: ORLANDO	, Florida 32837		
(City)	(Zip Code)		
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment his registered agent. I am familiar with and acc	ept the obligations of the position.		
AT A			

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Р	AHMED FARUQUI	11741 SHELTERING PINE DR
Add X Remove			ORLANDO FL 32836
2) Change	P	JABED M KAWSAR	3440 BURLINGTON DR
X Add			ORLANDO FL 32837
Remove 3) Change	V	AYESA BEGUM	3440 BURLINGTON DR
X Add			ORLANDO FL 32837
Remove  4) Change	D	HASEEB A PIRACHA	11363 CARDIFF DR ORLANDO FL 32837
Add Remove			ONLANDO I E 32037
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	h <i>additional s</i>	heets, if neces	sary). (Be	specific)				
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If an	amendment i	provides for a plementing th	ın exchange,	reclassificat	ion, or cancel	lation of issue	ed shares,	
prov	isions for im	<mark>plementing th</mark> able, indicate l	<u>ie amendme</u> V/4)	nt if not cont	ained in the a	mendment its	self:	
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The date of each amendment(s) a	doption: 05/20/13
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adby the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach 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)
action was not required.	opted by the board of directors without shareholder action and shareholder
action was not required.	opted by the incorporators without shareholder action and shareholder
Dated 05/20	Mad affect
By a celecte	frector, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	AHMED FARUQUI
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)