## P10000043590

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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

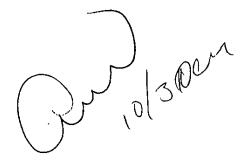
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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATION: YIANNI'S CAFE AND GRILL, INC. DOCUMENT NUMBER: P10000043590 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: KAREN J MILLS Name of Contact Person MOUSTOPOULOS AND COMPANY INC Firm/ Company P.O. BOX 2325 Address PALM HARBOR, FL 34683

KAREN@TIMETODOTAXES.COM

E-mail address: (to be used for future annual report notification)

City/ State and Zip Code

For further information concerning this matter, please call:

ΚÆ	۱R	ΕN	J	MI	LLS

 $\underset{\text{at (}}{\underline{727}}\underset{\text{Area Code & & Daytime Telephone Number}}{\underline{781\text{-}0346}}$ 

Name of Contact Person

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

■ \$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)

**Mailing Address** 

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** Articles of Incorporation

## YIANNI'S CAFE AND GRILL INC

	currently filed with the Flo	rida Dept. of State)	
P10000043590			house, q
(Document	Number of Corporation (if I	known)	्रें के
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this F	lorida Profit Corporation	adopts the following amendmen
A. If amending name, enter the new nar	me of the corporation:		The new
"Corp.," "Inc.," or Co.," or the designa word "chartered," "professional associati	tion "Corp," "Inc," or "C	o". A professional corpo	porated" or the abbreviation the
B. Enter new principal office address, if		C/O BARBARA	PERKINS
(Principal office address MUST BE A ST		709 NORTH FLORIDA AVENUE	
		TARPON SPRING	S, FL 34689
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O		C/O BARBARA PERKINS	
		709 NORTH FLORIDA AVENUE	
		TARPON SPRING	S, FL 34689
D. If amending the registered agent and new registered agent and/or the new		s in Florida, enter the na	ame of the
<del></del>	BARBARA PERKII	NS	
	709 NORTH FLOR	RIDA AVENUE	_
-	(Florida street	t address)	_
New Registered Office Address:	TARPON SPR	INGS , Florid	a 34689 (Zip Code)
	(City)		(Zip Code)
New Registered Agent's Signature, if charles I hereby accept the appointment as register Sign	anging Registered Agent: red agent. I am familiar wit on the control of New Registered Agent	ns	ns of the position.

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.

X Change	<u>PT</u> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	PST	NAOMI KITSOS	121 W CEDAR STREET
Add			TARPON SPRINGS, FL 34689
X Remove			
2) Change	PST	BARBARA PERKINS	709 NORTH FLORIDA AVENUE
X	<del></del>		TARPON SPRINGS, FL 34689
Remove			
3) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			
4) Change			
Add	<del></del>		
Remove			
5) Change			
Add	<del></del>		
Remove			
6) Change	<del></del>		
Add			
Remove			

<ol> <li>If amending or adding additional Arti (Attach additional sheets, if necessary).</li> </ol>	cles, enter change(s) he	e <u>re</u> :	
V/A	(De spectito)		
	<del></del>		
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, on the name of th	or cancellation of issued d in the amendment itsel	shares, f:
_			

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)	, if other than the
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"	
(voling 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	
Signature Jam Ales	
(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)	
NAOMI KITSOS	
(Typed or printed name of person signing)	_
PRESIDENT	

(Title of person signing)