## P11000056882

| (I                     | ₹eque   | estor's Name  | *)      |        |
|------------------------|---------|---------------|---------|--------|
| (/                     | Addre   | ss)           |         |        |
| (/                     | Addre   | ss)           |         |        |
| (0                     | Dity/S  | tate/Zip/Pho  | ne #)   |        |
| PICK-UP                | [       | WAIT          |         | MAIL   |
| (E                     | 3usin   | ess Entity Na | ame)    |        |
| J)                     | Docur   | ment Numbe    | r)      |        |
| Certified Copies       |         | Certificat    | es of S | Status |
| Special Instructions t | o Filit | ng Officer:   |         |        |
|                        |         |               |         |        |
|                        |         |               |         |        |
|                        |         |               |         |        |





500210812325

08/19/11--01019--023 \*\*35.UU

2011 AUG 19 PM 1: 03 SECRETARY OF STAIR

Amend

TBrown 8-22-11

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

| NAME OF CORP   | ORATION:                                     | MOZART CAFE BOCA   | NC  |
|--|--|--|---|
| DOCUMENT NUI   | P11000056882                                 |  |   |
| The enclosed Articl  | es of Amendment and fee a                    | re submitted for filing.   |   |
| Please return all cor  | respondence concerning thi                   | is matter to the following:  |   |
|  | SHIMI AVNI                                   |  |   |
|  | N  | lame of Contact Person   |   |
| _  | MOZART CAFE BOCA INC                         |  |   |
|  | Firm/ Company                                |  |   |
| _  | 3363 SUNNY ISLES BOULEVARD SUITE 801         |  |   |
|  |  | Address  |   |
| _  |  | MIAMI BEACH, FL 33160  |   |
|  | C  | ity/ State and Zip Code  |   |
|  | E-mail address: (to be used                  | d for future annual report notification)   |   |
| For further information  | tion concerning this matter,                 | please call:   |   |
|  | SHIMI AVNI                                   | *** (  | 88-0001   |
| Name (   | of Contact Person                            | Area Code & Daytime Tel  | ephone Number   |
| Enclosed is a check  | for the following amount m                   | nade payable to the Florida Depar  | tment of State:   |
| ☑ \$35 Filing Fee  | ☐ \$43.75 Filing Fee & Certificate of Status | \$43.75 Fiting Fee & Certified Copy (Additional copy is enclosed)  | ☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Ad<br>Amendment<br>Division of P.O. Box 63<br>Tallahassee, | Section<br>Corporations<br>27                | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301 | е   |

## Articles of Amendment to Articles of Incorporation of

| MOZART CAFE BOCA INC   | AHAMAY PHY     |
|--|----------------|
| (Name of Corporation as currently filed with the Florida Dept. of State) | - OSEE OF SOME |
| P11000056882   | COATE          |
| (Document Number of Corporation (if known)                               |                |

| Pursuant to the provisions of section 607.1006, Florida Sta<br>amendment(s) to its Articles of Incorporation:  | ntutes, this Florida Profit Corporation adopts the following |
|--|--|
| A. If amending name, enter the new name of the corpora   | tion:  |
| name must he distinguishable and contain the word "co<br>abbreviation "Corp.," "Inc.," or Co.," or the designation<br>name must contain the word "chartered," "professional asso | "Corp," "Inc," or "Co". A professional corporation           |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS   | 1250 W. Hillsboro Blvd.  Deerfield Beach, Fl 33445           |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  | 1250 W. Hillsboro Blvd.<br>Deerfield Beach, F1 33442         |
| D. If amending the registered agent and/or registered off new registered agent and/or the new registered office:   |  |
| Name of New Registered Agent:  |  |
| New Registered Office Address: (FI   | lorida street address)                                       |
| . (Ci  | ty) (Zip Code)   |
| New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa  |  |
| Signature of N   | lew Registered 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)

| <u>Title</u>   | <u>Name</u>                      | Address   | Type of Action    |
|----------------|----------------------------------|---|-------------------|
| VP             | SHIMI AVNI                       | 10733 NW 12TH DRIVE<br>PLANTATION, FL 33322   | □ Add<br>□ Remove |
|                |                                  | ·   |                   |
|                |                                  |   |                   |
|                | dditional sheets, if necessary). | (Be specific)   |                   |
|                |                                  |   |                   |
|                |                                  |   |                   |
| <u>provisi</u> |                                  | nange, reclassification, or cancellation of dement if not contained in the amendmen |                   |
|                |                                  |   |                   |
|                |                                  |   | · <del></del>     |
|                |                                  |   |                   |
|                |                                  |   |                   |

| The date of each amendmen                         | it(s) adoption: 08   | 8/17/2011  |
|---|----------------------|--|
|   | 08/17/2011           | (date of adoption is required)   |
|   | (no more than 9      | 90 days after amendment file date)   |
| Adoption of Amendment(s)                          | ( <u>CH</u>          | IECK ONE)  |
| The amendment(s) was/we by the shareholders was/w |                      | shareholders. The number of votes cast for the amendment(s) approval.  |
|   |                      | ne shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):                              |
| "The number of votes                              | cast for the amen    | idment(s) was/were sufficient for approval   |
| by  |                      | ,"   |
| *   | (voting group)       |  |
| The amendment(s) was/we action was not required.  | ere adopted by the   | board of directors without shareholder action and shareholder  |
| The amendment(s) was/we action was not required.  | ere adopted by the   | incorporators without shareholder action and shareholder   |
| Dated   | 3/18/11              |  |
| sel   | y a director, presid | dent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court by that fiduciary) |
|   |                      | v. 5 Ya a Ko V niv Show Y ped or printed name of person signing)   |
|   |                      | (f person signing)   |