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MAY 13 2013

R. WHITE

3 MAY -7 AN II: 36 RECRETARY OF STATES ALLAHASSEE, FLORIDA

# **COVER LETTER**

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: Venetian Restaurant Inc.  DOCUMENT NUMBER: P110000 72042				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Michael Couture				
Name of Contact Person				
Firm/Common				
4900 Power Firm Road				
Fort Lauderdale Fl 33309  City/ State and Zip Code				
Michael Quniversal Palms Hotel-Com  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Michael Couture at (954) 534 0037				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)  \$43.75 Filing Fee 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 to

Articl	Articles of Incorporation of	
	want, Inc.	13 MAY -7 AM II: 37
(Name of Corporation as currently filed w	<u>ith the Florida Dept. of Stat</u>	SECRETARY OF STATE FALLAHASSEE, FLORIDA
(Document Number of Corpo	oration (if known)	
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	ates, this Florida Profit Corpo	pration adopts the following amendment(s
A. If amending name, enter the new name of the corpora	ation:	
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional association," or the abbre	ic," or "Co". A professiona	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		Powerline Rd s Jerdale F1 33309
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	Sun	ie as above
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office  Name of New Registered Agent  4900 Pow	eaddress: Couture Perline Rd B.t.	r the name of the
New Registered Office Address: Ft (a.	Clorida street address)  Cordale (City)	, Florida 33309 (Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. If it is  Signature of New Registered		bligations 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.

Example: X Change	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	Title / Name	<u>Addres</u> s
1) Change	T/D Michael Conture	4900 Powerline Rd
Add	1	Ft. Lauderdale F1 32309
Remove	1	
2) Change	P/D Marie Psteiner	4900 Powerline Rd Ft. Lauderdule F133309
Add Rema	P/D Marie Psteiner  ains P/D	Ft. Lauderdole F13>309
3)Change		
Add		
Remove		
4) Change		
Add		
Remove		·
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

amending or adding additional Artic ttach additional sheets, if necessary).	(Be specific)			
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an amendment provides for an exch	ange, reclassifica	tion, or cancella	tion of issued s	<u>hares,</u>
rovisions for implementing the amer (if not applicable, indicate N/A)	ndment if not con	tained in the am	endment itself	<u> </u>
(у погаррисавіе, інаісате імя)				
			-	

The date of each amendment(s) adoption: $4/24/2013$
Effective date if applicable: 4/24/2013
(no more than 90 days after amendment file date)
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
(voting 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 4/24/2013
Marie Della
Signature (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)
Marie P. Steiner
(Typed or printed name of person signing)
President
(Title of person signing)