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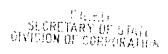
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MAYOR'S CAFE.	INC.	
DOCUMENT NUME	BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	FRANK C. ORTIS		
		Name of Contact Persor	1
	MAYOR'S CAFE, INC.		
		Firm/ Company	
	1321 NW 114TH AVENUE		
		Address	
	PEMBROKE PINES, FL 330	026	
		City/ State and Zip Code	2
UNIC	NIZER@AOL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:at (、224-4477
Name	of Contact Person	at (at)de & Daytime Telephone Number
	the following amount made		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section In of Corporations Building xecutive Center Circle Issee, FL 32301

Articles of Amendment to Articles of Incorporation of

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



MAYOR'S CAFE, INC	M	A`	Y	OR	'S	CA	FE.	INC
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P11000085114			
	(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporal	tion adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "	'Co". A professional co	
B. Enter new principal office address, (Principal office address MUST BE A S			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1321 NW 114TH AVENUE	
		PEMBROKE PINES	S, FL 33026
D. If amending the registered agent an	d/or registered office add	ress in Florida, enter th	ne name of the
new registered agent and/or the new			
Name of New Registered Agent	FRANK C. ORTIS		
	1321 NW 114TH AVENU	JE	
	(Florida str	eet address)	
New Registered Office Address:	PEMBROKE PINES		, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			rations of the position
co, weeep appoinment as regist	I DIA		ушоть од те рознит.

Signature of New 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)

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>	<u>Name</u>	<u>Addres</u> s
1) Change	P	LEWIS S. NADEL	10840 LONDON STREET
Add			CCOPER CITY, FL 33026
X Remove			
2) X Change	Р	FRANK C. ORTIS	1321 NW 114TH AVENUE
Add			PEMBROKE PINES, FL 33026
Remove			
3) Change	VP	BARBARA ORTIS	1321 NW 114TH AVENUE
X Add			PEMBROKE PINES, FL 33026
Remove			
4) Change			
Add			
Remove			
5) Change			
Add		-	
Remove			
Kemove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
•	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
RANK ORTIS AND BARBARA ORTIS	100% CHAREHOLDERC
ANK OKTIS AND BARBARA OKTIS	100% SHAKEHOLDERS

The date of each amendment		, if other than the
date this document was signed Effective date if applicable:	NOVEMBER 14, 2016	FIELD SECRETARY OF STATE DIVISION OF CORFURATION
<u></u> -	(no more than 90 days after amendment file date)	2016 DEC -9 PM 1: 48
	this block does not meet the applicable statutory filing requirements, he Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amen ere sufficient for approval.	dment(s)
	re approved by the shareholders through voting groups. The following and for each voting group entitled to vote separately on the amendment	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and sha	areholder
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareho	older
NOV Dated Signature	EMBER 14, 2016	
(B)	a director, president or other officer – if directors or officers have no elected, by an incorporator – if in the hands of a receiver, trustee, or other officers by that fiduciary)	
	FRANK C. ORTIS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	