(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	,	
	, Office Use On	lv





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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Bistro 436 INC. P12000012810 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Mariu Chowdhury Name of Contact Person NY Pizza Baby Firm/ Company 380 Semoran Commerce Place STE-104 Address Apopka, FL. 32703 City/ State and Zip Code marju01@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ahmed Jewel 334-7333 or (313)-753-1606 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 & \$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address **Mailing Address Amendment Section** Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

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

2012 WED
` 0///
2812 JUL 30 PM 1: 24
FLAND

Bistro 436 INC.

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

P12000012810

dment(s) to

A. <u>If amending name, enter the new na</u> N/a	and of the torpolation.		Th
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co	o". A professional	'incorporated" or the abbr
B. Enter new principal office address, if applicable:		n/a	
Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		n/a	
). <u>If amending the registered agent an</u>	d/or registered office addre	s in Florida, enter	the name of the
new registered agent and/or the new	v registered office address:		
Name of New Registered Agent	Marju Chowdhury	<u>'</u>	
	380 Semoran Commo	erce Place, STE	E-104
	(Florida stree	(address)	
Naw Pagistarad Offica Address	Apopka	•	Florida 32703
New Registered Office Address:	· ·Pob··		

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 <math>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>	Mikę Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u>v</u>	Marju Chowdhury	380 Semoran Commerce Place
X Add			STE-104
Remove			Apopka Fl. 32703
2) Change	T	Kamrul Ahmed	380 Semoran Commerce Place
X Add			STE-104
Remove			Apopka Fl.32703
3)Change			
Add			
Remove			
4) Change			<u> </u>
Add			······································
Remove			
5) Change			
Add			
Remove			
6) Change			<u></u>
Add			
Remove			

amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)
	Strate Control of the
	- 10 to 10 t
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:
· · · · · · · · · · · · · · · · · · ·	
	the state of the s
	national and the state of the s

The date of each amendment(s) ac	107/25/2012
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 ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) efficient for approval.
	proved by the shareholders through voting groups. The following statement 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)
	(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 07/25/	12
Signature	Dun
(By a di selected	ifector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	Ahmed Jewel
	(Typed or printed name of person signing)
	Persident
	(Title of person signing)