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C. LEWIS

EXAMINER

COVER LETTER

Division of Corporations DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: IBRAHIM OR HAN
Name of Contact Person ALE PIE HOUSE INC
Firm/Company 6118 ALPEN ROSE AVE TACK SONVILLE FLORI CIA 32256
City/ State and Zip Code Sarier 54 (a hot Mail, CDM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TBRAHIM ORHAN at (904) 861-9814

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: S35 Filing Fee **□\$43.75** Filing Fee & **□\$43.75** Filing Fee & **□\$52.50** Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed)

Mailing Address

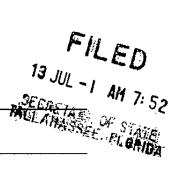
TO: Amendment Section

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



ALE Pie HOUSE INC.

P12000102173

(Document Number of Corporation (if known)

nt(s) to

Pursuant to the provisions of section 607.1006, Flits Articles of Incorporation:	orida Statutes, this <i>Flo</i>	rida Profit Corporation add	opts the following amendmen
A. If amending name, enter the new name of the	he corporation:		
			The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	Corp," "Inc," or "Co"	'. A professional corporat	
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET.			<u>_</u>
	_		
			· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)		
	_		
	_		
D. If amending the registered agent and/or reg	" vistered office address	in Florida enter the nam	e of the
new registered agent and/or the new register		m Piorida, enter the nam	e or the
Name of New Registered Agent			
	(Florida street d	address)	
New Registered Office Address:		, Florida_	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as registered age		and accept the obligations	of the position.
Signatura	of Nav. Pagistared Apar	y if abayaina	

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> J	John Doe		
X Remove	<u>v</u> <u>r</u>	Mike Jones		
X Add	<u>sv</u> <u>s</u>	Sally Smith		
Type of Action (Check One)	Title	Name	<u>Addres</u> s	
1) Change	VP	EKMEN, MUSTAFA	8715 BELLE RIVE BIVD	
Add			# 4001	
Remove			JACKSONVIlle FL. 32256	
2)Change	<u>vp 5</u>	EKMEN, GULNUR	8415 Belle Rive BIVD	
Add			# 4001	
Remove			JACKSONVille FL. 32256	
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

ttach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
rovisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	11 72 6/
	HiM 70 % OWNER.
EKMEN, GYLNUR	30% owner.
, ,	
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) ado	option: 6-25-201 3	
Effective date if applicable:	6-25-2013 6-25-2013 (no more than 00 days after amountment file date)	
	(no more than 90 days after amendment file date)	可有
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendaticient for approval.	ment(s)
	oved by the shareholders through voting groups. The following st ach voting group entitled to vote separately on the amendment(s)	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	ted by the board of directors without shareholder action and share ted by the incorporators without shareholder action and sharehold	
Dated	1/25/2013	
Signature	Dr Aler	
(By a din	ector, president or other officer - if directors or officers have not	
	by an incorporator - if in the hands of a receiver, trustee, or other	r court
appointe	d fiduciary by that fiduciary)	
_	IBRAHIM ORHAN	
_	(Typed or printed name of person signing)	
	President	
_		
	(Title of person signing)	