713000091269

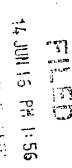
(Requestor's	Name)
(Address)	
(Address)	
(City/State/Zi	p/Phone #)
PICK-UP W	AIT MAIL
(Business Er	ntity Name)
(Document N	lumber)
Certified Copies Ce	rtificates of Status
Special Instructions to Filing Offi	cer:

Office Use Only



900261290659

06/16/14--01015--022 **35.00



JUN 2 7 2014 C. CARROTHERS

COVER LETTER

.

TO: Amendment Section Division of Corporations
As Pandos Copill & Bor Inc
NAME OF CORPORATION: 1 1000 UNITED STATES OF CORPORATION:
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dogantekin Thomas
As Pendos GRILL & Bar Inc.
116 Bartram Dakswalk Suite 101
57 Johns, Florida 32259 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Fany Morales at 904 99.6-1572 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 Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Articles of Amendment
to to
Articles of Incorporation
AStendos GRILL & Bar Inc. 14 JUN 15 PM 1:56
(Name of Corporation as currently filed with the Florida Dept. of State)
P13000091269 TALLARAMEE, HOLLAR
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered." "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
,
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the
new registered agent and/or the new registered office address:
Name of New Registered Agent 106an EKIN, 100mas
H& BartRam Oakswalk Swite 10/
New Registered Office Address: Jackson U/1/0 . Florida 32.259
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. Lam familiar with and accept the obligations of the position.
The second of the position.
X' /- Dulin/
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 <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.

Evamentes, v as Remove	, ana saliy smith, sv	as an Aaa.	
Example: X Change	PT John Doe		
X Remove	V Mike Jones	3	
X Add	SV Sally Smith	1	
Type of Action (Check One) Change Add Remove	Title Na	AEHMET, YUSEL	Address 10023 Belle Rive Blu APT 1/10 Jacksonville, FL3225
2) Change			
Remove Change Add Remove			
4) Change			
7) Change Add			
Remove 6) Change Add Remove			

Attach addition	adding additional Ar al sheets. if necessary).	. (Be specific)	WA	_
			• •	
	<u>.</u>	· · · · · · · · · · · · · · · · · · ·		
<u> </u>				 .
- 1 1.				
		. -		
, <u>, , , , , , , , , , , , , , , , , , </u>				<u> </u>
lf an amandma	nt provides for an ave	nhanga raalassifaa	tion, or cancellation of issued shar	100
provisions for	implementing the am	endment if not con	tained in the amendment itself:	U.S.
(ij noi app	licable, indicate N/A)		11/A	
***			10/11	
				
				
<u> </u>	•		·	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: (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 X 06/06/14	
Signature X /- X thu	
(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)	
Thomas Dogantekin (Typed or printed name of person signing)	_
Owner/President	
(Title of person signing)	