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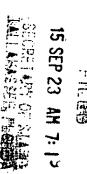
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COVER LETTER

TO: Amendment Section Division of Corporates:
NAME OF CORPORATION: VISION CAFE RESTAURANT INC. DOCUMENT NUMBER: P13000094535
The enclosed Articles of Amenament and tee are submitted for thing.
Please return all correspondence concerning this matter to the following:
Ransford Forrester Name of Contact Person VISION CASE RESTAURANT INC Primy Company 1934 Kimberry Bowlevard Address NOVTH LAWN FL 33068 City/ State and Zip Code RANSFORD Forrester @ VAHOO. Comp E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ramsford ForresTCT at 954-818-6455 Name of Contact Person Area Code & Daytime Telephone Number
Excluded is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy Certified Copy
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

as of Amenament

to

articles of Incorporation

1/2 20 0 of	_
VISIM CHE BHADRANT	VC.
(Name of Corporation as currently filed with the Florida Dept. of	<u>State</u> ;
13000094535	·
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts its Articles of Incorporation:	the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
**ame must be aistinguishable and contain the word "corporation." "company." or "incorporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation 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 new registered agent and/or the new registered office address:	f the
trioriaa sireei aaares.	
New Registered Office Address:, Flo	rida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the second	the position.
NVA	15 SECTION
Signature of New Registered Agent, if changing	FILES

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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
_X Add	SV Sally Smith	
Type of Action (Check One)	Title Name Vice	Adaress
() Change	president KAIDA Ennis CHA	MBRS 7934 KIMBERY BLKD NOVTH LAUDANAIC
Add Remove		FL 33068
2) Change	·NA	
Add		
Rémove 3) Change Add	- N/A	
Remove		
4) Change	NIA	
Remove		
5) Cnange	NA	
Add	·	
Remove	1	
δ) Change	~ N/ A	
Add	•	
Kemove		

If an amendment provides for an exchange, reclassification, or cancellation of issued snare, provisions for implementing the amendment if not contained in the amendment itsei. (if not applicable, indicate N.A.:	If amending or adding additional Articles, Attach additional sheets, if necessary). (Be	e specific)
If an amendment provides for an exchange, reclassification, or cancellation or issued snark. provisions for implementing the amendment if not contained in the amendment itset:		
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	(if not applicable, indicate N/A)	1/14
		

The date of each amendment(s) adoption: 9/10/30/5, if other than the date this document was signed.
Effective date if applicable: (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ON)
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
(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.
Signature 9 21 2015
3v 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)
Ransfor Forrester
(Typed or printed name of person signing)
Title of person signing)