P1300094535

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MAY 17 2017

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION:	Vision Cafe Resta	urant inc	
DOCUMENT NUMBI	DCUMENT NUMBER: P13000094535			
The enclosed Articles of	f Amendment and fee are su	abmitted for filing	·	
Please return all corresp	ondence concerning this ma	atter to the followi	ng:	
		Gregore Cel	estin	
		Name of Con		n
		Vision Cafe Res		•
				
	Firm/ Company 5080 nw 41st ct Address Lauderdale Lakes Fl, 33319			
_				
-		 		
		City/ State and	ı Zıp Cod	e
		Gregore39@		
	E-mail address: (to be u	sed for future ann	ual report	notification)
For further information	concerning this matter, pleas	se call:		
Gre	gore F. Celestin	at (51	3604244
Name of Contact Person			Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Flo	rida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Co (Additional c enclosed)	ру	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ng Address			Address
	Amendment Section Division of Corporations		Amendment Section Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314			Clifton	Building
		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

17 MAY 11 PH 12: 23

Vision Cafe Res	taurant Inc	25 AG A	Mr.	
(Name of Corporation as curre		the Florida De	pt. of State)	
P13000	094535			
(Document Numbe	er of Corporation	ı (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	his <i>Florida Prof</i>	it Corporation	adopts the following amendment	l(s) to
A. If amending name, enter the new name of the corporation:				
N/A			The new	
name must be distinguishable and contain the word "corpora" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," oword "chartered," "professional association," or the abbreviatio	r "Co". A pro			
B. Enter new principal office address, if applicable:	N/A			
(Principal office address MUST BE A STREET ADDRESS)	- 	· · · · · · · · · · · · · · · · · · ·		
				
C. Enter new mailing address, if applicable:	N/A			
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			· · · · · · · · · · · · · · · · · · ·	
	<u> </u>			
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addr		la, enter the na	me of the	
	N/A			
Name of New Registered Agent				
(Elavida	street address)			
(ค.ศ.	N/A			
New Registered Office Address:	(City)	· · · · · · · · · · · · · · · · · · ·	_, Florida(Zip Code)	
	(0.0)		(inp code)	
New Registered Agent's Signature, if changing Registered Age				
I hereby accept the appointment as registered agent. I am familia	ar with and acce	pt the obligatio	ns of the position.	

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.

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>	Address
1) Change	V	Gregore F. Celestin	5080 nw 41st ct
X Add			Lauderdale Lakes
Remove			FI 33319
2) Change		N/A	
Add			
Remove			
3) Change		N/A	
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
		N/A	
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
N/A
·

	04-18-2017	
The date of each amendment(s) ac		, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	04-18-2017	
Effective date if applicable:	(no more than 90 days after amendr	nent file date)
		,
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing partment of State's records.	g requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes ca fficient for approval.	ast for the amendment(s)
	proved by the shareholders through voting groups. each voting group entitled to vote separately on t	
"The number of votes cast	for the amendment(s) was/were sufficient for appr	roval
by	Ransford Forrester	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
•	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder	r action and shareholder
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder acti	ion and shareholder
	04-18-2017	
Dated		
Signature		
	irector, president or other officer – if directors or	officers have not been
	d, by an incorporator – if in the hands of a receiver	
	ted fiduciary by that fiduciary)	,
	Ransford Forrester	
	(Typed or printed name of person sign	ing)
	President	
	(Title of person signing)	