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Mend (10/20/13

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MEDITERRANEAN TAVERNA INC DOCUMENT NUMBER: p13000098045					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
CARLOS MIQUE	EL .				
	Name of Contact Person				
MIQUEL ACCOUNTING SERVICE INC					
Firm/ Company 5100 S DIXIE HWY STE 10					
0100 0 1011111	Address				
WEST PALM BE					
	City/ State and Zip Code				
CARLOS@MIQUELACCOUNTING.COM E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
ALBERTO MIQUEL	_{at (} 561	588-8878			
Name of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address	Street .	Address			

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



MEDITERRANEAN TAVERNA INC	
(Name of Corporation as currently filed with the Flo	ida Dept. of State)
P13000098045	
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Fl</i> ts Articles of Incorporation:	orida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Coword" chartered," "professional association," or the abbreviation "P.	". A professional corporation name must contain the
3. 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 new registered agent and/or the new registered of fice address: Name of New Registered Agent	s in Florida, enter the name of the

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 position.

New Registered Office Address:

Signature of New Registered Agent, if changing

(Florida street address)

(City)

, Florida

(Zip Code)

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:	e, ana sai	ry smain, sr us un ridd.	
X Change	<u>PT</u>	John Dog	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	P	STAVROS KARABELAS	6188 STATE ROUTE 22
Add			SALEM, NY 12865
Remove		*	
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
			
6) Lange			
Add			
Remove			

famending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
,	
	
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an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes east for the amendment(s) officient 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)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated_DECEM	BER 11, 2013	
Signature The	A. B.	
(By a d	irector, 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)	_
	STAVROS KARABELAS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	