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Certified Copies	_ Certificates	of Status
Special Instructions to	Eiling Officer:	
Special instructions to	Filling Officer.	

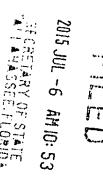
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JUL 1 0 2014 C. CARROTHERS



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	TION: COCKTAILS SPO	ORTS BAR & RESTAURA	NT INC	
DOCUMENT NUMBE	P140000006	51 	******	
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all correspond	ondence concerning this ma	tter to the following:		
		KEMIL BROWN		
Name of Contact Person				
COCKTAILS SPORTS BAR & RESTAURANT INC				
Firm/ Company				
2901 HOLLYWOOD BLVD				
Address				
HOLLYWOOD, FL 33020				
	······································	City/ State and Zip Code		
	MICHA	AELNEDRICK@GMAIL.C	COM	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information of	concerning this matter, pleas	se call:		
KEMIL BROWN		at (954	274-1940	
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for t	he following amount made	payable to the Florida Depa	rtment 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			Address	
Amendment Section		Amendment Section		
Division of Corporations		Division of Corporations Clifton Building		
P.O. Box 6327		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

COCKTAILS SPORTS BAR & RESTAURANT INC

(Name of Corporate	tion as currently filed with the Florid	a Dept. of State)
	P14000000651	
(Docu	ment Number of Corporation (if known	2015 (**)
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	da Statutes, this <i>Florida Profit Corpora</i>	ation adopts the following amendments
A. If amending name, enter the new name of the o	corporation:	The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	p," "Inc," or "Co". A professional o	incorporated" or the abbreviation
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be	ov:	
(Mauing address MAT BE A POST OFFICE B	<u></u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered	ered office address in Florida, enter t d office address:	he name of the
Name of New Registered Agent		
	(Florida street address)	
V D : 100 411	,,	F1:-1-
New Registered Office Address:	(City)	, Florida(Zip Code)
New Registered Agent's Signature, if changing Re	evistered Avent:	
I hereby accept the appointment as registered agent.		igations of the position.
Sia	mature of New Registered Agent if cha	noino

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	<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>	<u>Addres</u> s	
1) Change	<u>v</u>	NENEIKE THOMPSON	2901 HOLLYWOOD BLVD	
Add Remove			HOLLYWOOD, FL 33020	
2) Change	D	CALVIN CLARKE	2901 HOLLYWOOD BLVD	
Add			HOLLYWOOD, FL 33020	
X Remove	v	SANDRA O'CONNOR	1375 NW 192 STREET	
3) Change	·	STADRA O CONTOR		
Add			MIAMI, FL 33169	
4) Change	D	SHERIDAN ROBINSON	1419 NW 80TH AVENUE	
Add			MARGATE, FL 33063	
Remove				
5) Change				
Add				
Remove				
6) Change				
A dd				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) PERCENTAGE OF OWNERSHIP	
SANDRA O'CONNOR 40%	
KEMIL BROWN30%	
SHERIDAN ROBINSON30%	
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)	

The date of each amendment date this document was sign		06/26	15	, if other	than the
Effective date if applicable	<u>e</u> :	- 1 00 1	ays after amendment		
		(no more than 90 d	ays after amendment	tile date)	
Note: If the date inserted document's effective date or			e statutory filing req	nirements, this date will not be listed	d as the
Adoption of Amendment(s	s) (<u>CH</u>	ECK ONE)			
☐ The amendment(s) was/v by the shareholders was			mber of votes cast for	the amendment(s)	
☐ The amendment(s) was/v must be separately prov					
		dment(s) was/were su	• •		
by		ing group)		,,	
	(voti	ing group)			
The amendment(s) was/v action was not required.				on and shareholder	
☐ The amendment(s) was/v action was not required.	were adopted by the i	incorporators without	shareholder action a	nd shareholder	
Dated	06/26/2015				
Signature		Kocaun			
(By sel	(By a director, presi-	dent or other officer - rporator — if in the ha	if directors or office ands of a receiver, true	rs have not been	
		KEMIL	BROWN		
	(Typed or printed nam	ne of person signing)		
		PRES	SIDENT		
	**************************************	(Title of p	erson signing)		