## P1400000 2715

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: PIZZA BUFFET, INC.					
DOCUMENT NUMBER: P14000002715					
The enclosed Articles	of Amendment and fee are sub	omitted for filing.			
Please return all corres	pondence concerning this mat	ter to the following:			
	YOUSSEF GAMRAOUI				
		Name of Contact Person			
	PIZZA BUFFET, I				
		Firm/ Company			
	5749 WEST IRLC	) BRONSON_ME	EMORIAL HWY		
		Address			
	KISSIMMEE, FL	34746			
		City/ State and Zip Code			
you	ıssefgam@yahoo	.com			
<del>-</del>	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
YOUSSEF G	AMRAOUI				
	of Contact Person	at (Area Co	) de & Daytime Telephone Number		
, tarric	or contact i cigon	7,70 30	as a say time reappoint realise.		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	irtment 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		
	endment Section	Amendment Section			
	ision of Corporations	Division of Corporations			
	. Box 6327 ahassee, FL 32314	Clifton Building 2661 Executive Center Circle			
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Tallahassee, FL 32301

## **Articles of Amendment** Articles of Incorporation

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## PIZZA BUFFET, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P14000002715

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dment(s) to

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviat "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain word "chartered," "professional association," or the abbreviation "P.A."  N/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  N/A  (Florida street address)  New Registered Office Address:  (Cuy)  (Zip Code)	(Document Number of Corporation	(if known)
N/A  name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviat "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain 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:  N/A  (Florida street address)  New Registered Office Address:  (Cuy)  (Zip Code)		s Florida Profit Corporation adopts the following amendment
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviati "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain 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  N/A  (Florida street address)  New Registered Office Address:  (Cuy)  (Zip Code)	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 abbreviat "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain 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  N/A  (Florida street address)  New Registered Office Address:  (City)  (Zip Code)	N/A	27
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:  N/A    Name of New Registered Agent   N/A	"Corp.," "Inc.," or Co., " or the designation "Corp.," "Inc.," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
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  N/A  (Florida street address)  New Registered Office Address:  (Cuy)  (Zip Code)		
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  (Florida street address)  New Registered Office Address:  (Cuy)  (Zip Code)		
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  (Florida street address)  New Registered Office Address:  (Cuy)  (Zip Code)	C. Enter new mailing address, if applicable:	N/Δ
Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (Cuy)  (Zip Code)	(Mailing address <u>MAY BE A POST OFFICE BOX)</u>	
New Registered Office Address:, Florida	new registered agent and/or the new registered office addre	
(Сиу) (Zip Code)	(Florida :	street address)
(Сиу) (Zip Code)		,
Now Degistered Agent's Signature if changing Degistered		
Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.  Signature of New Registered Agent, if charging		r with and accept the obligations of the position.

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>	Address
1) Change	VP	TAREK M RUICHI	8848 VILLA VIEW CIR
Add			APT 307
Remove			ORLANDO FL 32821
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

17.6	additional sheets, if nece	ssary). (Be speci	ific)		
N/A					
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Ifan	amendment provides for	an evekanaa rae	lassification or car	reallation of issued	charac
prov	isions for implementing	the amendment if	not contained in the	he amendment itsel	<u>f:</u>
(	(if not applicable, indicate	: N/A)			
N/A					
4// 1					
417.1			·		
417.3					

The date of each amendment(s) adoption: 10/27/2014	, if other than the
date this document was signed.	
Effective date if applicable: 10/27/2014	
(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	
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 10/27/2014	
Signature  (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)	
YOUSSEF GAMRAOUI	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	-