P140000000517

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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: GRILL ONION CORP DOCUMENT NUMBER: P14000007517 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **GUSTAVO RIVAS** Name of Contact Person GRILL ONION CORP Firm/ Company 10522 NW 41 ST Address CORAL SPRINGS, FL 33065 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 9346414

Area Code & Daytime Telephone Number **GUSTAVO RIVAS** Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation



GRILL ONION, CORP.

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

P14000007517

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of t	he corporation:		
GRILLED ONION, C	ORP.		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o	Corp," "Inc," or "Co". A p	pany," or "incorporated" o professional corporation nan	or the abbreviation ne must contain the
B. Enter new principal office address, if appli (Principal office address <u>MUST BE A STREET</u>			ht-Market
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC.)	E BOX)		
D. If amending the registered agent and/or renew registered agent and/or the new regist	ered office address:		
	(Florida street address)	
New Registered Office Address:	(City)	, Florida(Zip+	Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	2 Registered Agent: ent. I am familiar with and a	ccept the obligations of the p	position.
Signature	of New Registered Agent, if ch	hanging	

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: X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		<u> </u>	-	
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add		_		
Remove				
6) Change				
Add				
Pamova				

Attach ac	dditional shee	ts, if necessary,	rticles, enter c). (Be specifi	c)			
							
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<u>f an ame</u> provisio	ndment prov	ides for an exc	change, reclas tendment if no	<u>sification, or c</u>	cancellation of	f issued share:	<u>S.</u>
(if n	ot applicable,	indicate N/A)	<u>tenament ti no</u>	t contained in	<u>i inc amenan</u>	icht itseit.	
							
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The date of each amendment(s) ac	loption: 01/30/2014	, if other than th
date this document was signed.		
Effective date if applicable:	01/30/2014	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
_{by} 100	,,,	
₹	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder .	
Dated_01/30/20	014	
Signature	Those Kins.	
(By a d	rector, 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 led fiduciary by that fiduciary)	
	GUSTAVO RIVAS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	