# P14000022007

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
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(Bı	ısiness Entity Nar	ne)
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### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: _ DOCUMENT NUMBER:	Gryo's Room Bo	· · · · · · · · · · · · · · · · · · ·			
The enclosed Articles of Amendme	ent and fee are submitted for filing	·			
Please return all correspondence co	oncerning this matter to the followi	ing:			
	Belinda	Tam			
•=	Name of Contact Person				
	Gryo's Room Boca, Inc.				
<del></del>	Firm/ Cor				
20449 State Road 7, Suite A2					
	Addre	ess			
	Boca Raton, FL 33498				
	City/ State and Zip Code				
	belindatam88@g	amail.com			
E-mail	address: (to be used for future ann				
For further information concerning  Belinda Ta		561 , 676-9878			
Name of Contact Po		Area Code & Daytime Telephone Number			
Enclosed is a check for the following	ng amount made payable to the Flo	orida Department of State:			
	75 Filing Fee & \$\sum \\$43.75 Filing ficate of Status Certified Co (Additional cenclosed)	py Certificate of Status			
Mailing Addres Amendment Sectorision of Corp P.O. Box 6327 Tallahassee, FL	tion orations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

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

# Gyro's Room Boca Inc

## P14000022007

nt(s) to

(Document Number of Co	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following	amendmer
A. If amending name, enter the new name of the corp	poration:	
		The new
	"corporation," "company," or "incorporated" or the abb "Inc," or "Co". A professional corporation name must co bbreviation "P.A."	
B. Enter new principal office address, if applicable:	20449 State Road 7	
(Principal office address <u>MUST BE A STREET ADDR</u>	Suite A2	
	Boca Raton, FL 33498	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	20449 State Road 7	
	Suite A2	
	Boca Raton, FL 33498	<b>.</b>
D. If amending the registered agent and/or registered	d office address in Florida, enter the name of the	3
new registered agent and/or the new registered of		<del>-</del>
Name of New Registered Agent		=
Nume by New Registered Agent	The state of the s	
	- CEV ST.	E.
	ir ioriaa sireei aaaress)	<u>.</u> 2
New Registered Office Address:	, Florida	_
	(City) (Zip Code)	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. La	stered Agent: am familiar with and accept the obligations of the position.	
Tu	amjamma, min and accept the congations of the position.	
Signature of New	Registered Agent, if changing	
	· O······ · · · · · · · · · · · · · · ·	

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>oc</u>		
X Remove	$\underline{\mathbf{V}}$	Mike Jo	<u>ones</u>		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		Address
1) Change		_		<del></del>	
Add Remove					
2) Change	<del></del>	_			
Add Remove					
3) Change		_			
Add					
Remove				·	
4) Change Add		_			
Remove					
5) Change		_	A		
Add					
Remove					
6) Change Add					
Remove					

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
18000000	
· · · · · · · · · · · · · · · · · · ·	
	•
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
,	

date this document was signed.	, if other than
Effective date if applicable:	
	ore than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK O	<u>NE</u> )
The amendment(s) was/were adopted by the sharehol by the shareholders was/were sufficient for approval.	ders. The number of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareho must be separately provided for each voting group e	olders through voting groups. The following statement ntitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s	s) was/were sufficient for approval
by(voting grou	."
The amendment(s) was/were adopted by the board of action was not required.	directors without shareholder action and shareholder
The amendment(s) was/were adopted by the incorpor action was not required.	rators without shareholder action and shareholder
Dated October 10, 2014	
SignatureBelia	the Tam
(By a director, president or	other officer - if directors or officers have not been
selected, by an incorporator appointed fiduciary by that	- if in the hands of a receiver, trustee, or other court fiduciary)
	Belinda Tam
(1)	yped or printed name of person signing)
	President
	(Title of person signing)