## 4000040133

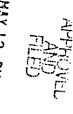
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Special Instructions to	Filing Officer:	
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MAY 12 2015 C LEWIS

## COVER LETTER

TO: Amendment Section
Division of Corporations

IAME OF CORPORATION: STM Secropol Restaurant IN					
OCUMENT NUMBER: P1400040133					
he enclosed Articles of Amendment and fee are submitted for filing.					
lease return all correspondence concerning this matter to the following:					
- Overelle Clark					
Name of Contact Person					
Firm/ Company					
400 1040 E. University Ave					
Camacillo, Fl 3200					
City/ State and Zip Code					
SIM Seafood 572(9) (Mail · COM) E-mail address: (to be used for future Annual report notification)					
or further information concerning this matter, please call:					
Duenell Olack at 352 213 9346					
Name of Contact Person Area Code & Daytime 1st ephone Number					
nclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee					
Mailing Address  Amendment Section  Amendment Section					

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

APPHOVEL AND FILED

## Articles of Amendment to

Articles of Incorporation

16 MAY 12 PM 1:25

0	f
STM Seafood Des	Staulant Inc Secretary of STATE
(Name of Corporation as currently filed with the	Florida Dept. of State) TALLAHASSILE. FLUHIUA
(P141000040133	
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:  STM Beature  name must be distinguishable and contain the word "corporation"	on," "company," or "incorporated" or the abbreviation
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
,	
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 ad	dressin Florida, enter the name of the
new registered agent and/or the new registered office addre	
Name of New Registered Agent	·
(Florida s	street address)
New Registered Office Address:	, Florida
(Cit	y) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiat	
	•
Signature of New Registered	d Agent, if changing

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 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			
Add Remove ·			
2) Change	<del></del> -		
Add		- -	
3) Change	<u> </u>		
Remove			
4) Change			
Remove  5) Change			
Add Remove			
6) Change	<del></del>		
Add Remove			

Attach additional sheets	additional Arti , if necessary)	(Be specific)	••			
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provisions for implem	enting the ame	ndment if not	contained in t	he amendmer	it itself:	31
(if not applicable,	indicate N/A)					
				<del></del>		
		<del> </del>				



The date of each amendment(s) addate this document was signed.	loption: 5-12. C	<u>910k</u>	16 MAY 12	Ph 1: Arother than the
Effective date if applicable:			SECHEVARY	OF STATE
Enective date in applicable:	(no more than 90 days	after amendment j	TALLAHASSES file date)	<del>LUMIUP.</del>
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The numb flicient for approval.	er of votes cast for	the amendment(s)	
The amendment(s) was/were appointed for a must be separately provided for	roved by the shareholders through ve each voting group entitled to vote se	oting groups. The j parately on the am	following statemen endment(s):	nt
"The number of votes cast t	for the amendment(s) was/were suffic	cient for approval		
by			,,	
	(voting group)			
The amendment(s) was/were adopaction was not required.	pted by the board of directors withou	it shareholder actic	on and shareholder	
The amendment(s) was/were adoraction was not required.	pted by the incorporators without sha	areholder action an	d shareholder	
Dated	12.2016			
	)	•	• •	
Signature (Ry a di	rector, president or other officer - if	directors on office	ra baya not base	
	I, by an incorporator – if in the hands			
	ed fiduciary by that fiduciary)	,	*	
_	Olienellee	Clack		
	(Typed or printed	parte of person sig	gning)	•
	O rec	Ceo		
-	(Title of	erson signing)	<del></del>	<del></del>