P14000061332

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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: PLANCHER RESTAURANT INC DOCUMENT NUMBER: P014000061332 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **NICKES DESHOMMES** Name of Contact Person PLANCHER RESTAURANT INC Firm/ Company 4000 BAYSHORE DR Address NAPLES, FL 34112 City/ State and Zip Code REDEMPTIONAM1220@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: _at (239) 5377207
Area Code & Daytime Telephone Number NICKES DESHOMMES 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 & ☐\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

PLANCE	4ER 1	REST	AURA	ANT	INC

(Name	of Corporation as current	ly filed with the Florida l	Dept. of State)
P14000061332			で ・
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporatio	m adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
BAYSHORE CARIBBEAN FLAVOR I	NC		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Chartered," "professional association,	Corp," "Inc," or "Co".	A professional corporation	red" or the abbreviation "Corp.,"
B. Enter new principal office address,	if applicable:	NA	
(Principal office address MUST BE A S			
			
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		5251 GOLDEN GATE	E PKWY SUITE G
(Mutting undress MAT DE A FOST	OFFICE BOX)	NAPLES, FL 34116	
			
D. If amending the registered agent as			name of the
new registered agent and/or the ne	<u>w registered office addres</u> FRANTZ MACHOULE	<u>s:</u>	
Name of New Registered Agent			***************************************
	5251 GOLDEN GATE PK		
	(Florida st.	reet address)	34116
New Registered Office Address:	- TATELS	(City)	, Florida(Zip Code)
		101,7	(Exp. Code)
New Registered Agent's Signature, if of thereby accept the appointment as regis.			itions of the resition
т негену иссері іне арронинені ал теділ.	етса адет. Тат јатина	wun ana accejn ine oonga	nons of the position.
	- E 1 s. n	/	
	FRANK NACHO Signature of New H	· E	
	Signature of New F	'egistered Agent, if changi	ng

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

X Change	PT John	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	<u>s</u>	JOSEPH FAUGUE	4846 TAHITI LANE
Add			NAPLS, FL 34112
Remove	P.CEO	NICKES DESHOMMES	5115 MONZA COURT
2) Change X Add			AVE MARIA, FL 34142
Remove 3) Change	V, D	FRANTZ E MACHOULE	5115 MONZA COURT AVE MARIA, FL 34142
X Add			
Remove 4) Change	TR.C	JUNY DESHOMMES	5115 MONZA COURT
X Add			AVE MARIA, FL 34142
Remove 5) Change	TR,C	ENOUSE MACHOULE	5115 MONZA COURT
XAdd			AVE MARIA, FL 34142
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
NA	
F. If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
NA	
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The date of each amen date this document was	dment(s) adoption:, if other than the signed.
Effective date if applic	able:
	(no more than 90 days after amendment file date)
	ted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the te on the Department of State's records.
Adoption of Amendme	ent(s) (<u>CHECK ONE</u>)
The amendment(s) was not require	vas/were adopted by the incorporators, or board of directors without shareholder action and shareholder red.
	vas/were adopted by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
	vas/were approved by the shareholders through voting groups. The following statement provided for each voting group entitled to vote separately on the amendment(s):
"The number of	of votes cast for the amendment(s) was/were sufficient for approval
by	(voting group)
Dated	11-13-20
Signa	(By a director, president of 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)
	Typed or printed name of person signing)
	(Title of person signing)