# P14000090365

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MUND-MUND-MS-19115

## **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: Con blogar Sork & Grille Me
DOCUMENT NUMBER: \$\frac{p_{1400090365}}{}
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:    Autoph Buke   Name of Contact Person   Land Person
$\mathcal{N}/\mathcal{X}$
5407 W. TRO Browsons Memorial Harly
_ KISSIMMEL FL 34746
City/ State and Zip Code  Lemail address: (to be used for future annual report notification)
For further information concerning this matter, please call: 32/946 9944
Budolph Burke at 321,946,9944
Name of Contact Person Area Code & Daytime Teléphone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee  \$\sum \frac{1}{2}\$43.75 Filing Fee  \$\frac{1}{2}\$43.75 Filing Fee  \$\frac{1}{2}\$43.75 Filing Fee  \$\frac{1}{2}\$52.50 Filing Fee  \$\frac{1}{2}\$Certificate of Status  \$\frac{1}{2}\$Certified Copy  \$\frac{1}

TO: Amendment Section

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

# Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# **Articles of Amendment** Articles of Incorporation (Name of Corporation as currently filed with the Florida Dept. of State) (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 the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation name must contain the 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 (Florida street address) New Registered Office Address: Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered 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 D	<u>loe</u>			
X Remove	<u>v</u>	Mike J	<u>ones</u>			
X Add	<u>sv</u>	Sally S	<u>mith</u>			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		<u>Addres</u> s	
1) Change	CFC	2	Elaine	Witter	132 JOCELIN DR DOVERPORT FL-3389	
Add					DOVERPORT FL-3389	77
Remove			,			
2) Change	$\overline{\lambda}$		NICOR	Davis	9712 NW 14th ST Coral Springs 34	<del>,</del>
Add			•		Coral Springs 34	7/
Remove			Page	P	12- 800	
3) Change		_	Trogeng	George	132 Society DR DOVERPORT FE 3389	' <b>.</b> 2
Add				·	Varenport pe 3301	
Remove .						
4) Change		_				
Add						
Remove						
5) Change		_				
Add						
Remove						
6) Change		_				
Add						
Remove				ς.		

	ional sheets, if nece	ssary). (Be sp	pecific)	<u>here</u> :		
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provisions f	ment provides for for implementing to applicable, indicate	he amendment	eclassification if not contain	n, or cancellati ned in the ame	on of issued s ndment itself	shares,

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable: 03/01/15	
(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"	
(voting group)	
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 BA 03/09/15/	
Signature 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 induciary)	
(Typed or printed name of person signing)	<del></del>
Kurke	
(Title of person signing)	_