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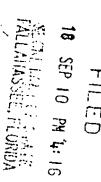


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SEP 1 4 2018 S. YOUNG



## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: MIST Bar and Lounge. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Lounge E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number 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
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

to Articles of Incorporation			
Mist Bar and Lairne In.			
(Name of Corporation as currently filed with the Florida Dept. of State	,)		
1150000000	· <del></del>		
(Document Number of Corporation (if known)			
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Florida Profit Corporation</i> adopts the fits Articles of Incorporation:	following	amend	ment(s) to
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporation," "company," or "incorporated" o "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation nam word "chartered," "professional association," or the abbreviation "P.4."	r the abb	revian	
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 BON)  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	TALLA IAS LE L'ORIDA	18 SEP 10 FM 4: 16	- FILED
(Florida street address)			
New Registered Office Address:, Florida_	(Zip Co	de)	_
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 pa	osition.		

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:	c. ama sen	iy simun, sir us un Add.	
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>	Name	<u>Addres</u> s
1) Change	VP	ADib Hababa	2037 Epsilon (
Add			Orange Park
X Remove			FL 32073
2) Change	_		
Add			
Remove			
3 ) Change			·
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)
<u> </u>	
	<del> </del>
f an amendment provides for an each	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	<del></del>
· · · · · · · · · · · · · · · · · · ·	<del> </del>

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
Effective date <u>if applicable</u> :  (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dadocument's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment( by the shareholders was/were sufficient for approval.	s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.  ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	er
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 cou	<del></del> rı
appointed fiduciary by that fiduciary)	
Basel Hababa	<del></del>
(Typed or printed name of person signing)	
president (Title of person classical)	
(Title of person signing)	