

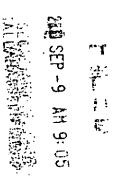
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:





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COVER LETTER

COVER LETTER						
TO: Amendment Section Division of Corporations						
NAME OF CORPORATION: Mist Bur and Lounge, Inc. DOCUMENT NUMBER: \$\frac{1500006663}{200006663}\$						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Brett Isaac						
Name of Contact Person						
Firm/ Company						
Address Jacksonville FC 32216 City/ State and Zip Code						
Address						
City/ State and Zin Code						
() ()						
E-mail address: (to be used for future annual report notification)						
is man address, (to be used for factor instant report notification)						
For further information concerning this matter, please call:						
15.04 TS-00 220,92(W						
Name of Contact Person at (904) 730-9264 Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount made payable to the Florida Department of State:						
S35 Filing Fee						
(Additional copy is Certified Copy						
enclosed) (Additional Copy is enclosed)						
Mailing Address Street Address						
Amendment Section Amendment Section						
Division of Corporations Division of Corporations						

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment

ATTACKS OF AMERICAN
to Articles of Incorporation
of St.
Mist Bar and Lounge Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
P15006006663
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
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 (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> Jo	ohn Doc	
X Remove	<u>V</u> <u>N</u>	dike Jones	
X Add	<u>SV</u> <u>S</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	v P	Amer Barakat	Jucksonsille Fl 32208
Add			Julyonsille Fl 32208
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			-
Remove			

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

,

The date of each amendment(s) adoption: 8 29/19, if other than the
Effective date if applicable: To 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 date will not be listed as the document's effective date on the Department of State's records.
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
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 fiduciary)
Basel Hababa
(Typed or printed name of person signing)
(Typed of printed name of person signing)
President
(Title of person signing)