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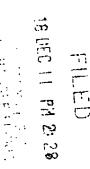
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COVER LETTER

*TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: FALAFEL INN M	EDITERRANEAN GRILL	INC
DOCUMENT NUMB			
	of Amendment and fee are sul	omitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	ZUBAIDA ALNAWAMI		
•		Name of Contact Person	n
	FALAFEL INN MEDITERR	ANEAN GRILL, INC	
•		Firm/ Company	
	777 N ÀSHLEY DR, SUITE	• •	
•		Address	·
	ТАМР <u>А</u> , FL 33602		
•	••	City/ State and Zip Cod	c
FALA	.FELINNGRILL@GMAIL.C	ОМ	
	-	ed for future annual report	notification)
For further information	concerning this matter, pleas	e call: at (501-2990
Name o	f Contact Person	at (Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p		
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

FALAFEL INN MEDITERRANEAN GRILL, INC.

(Name of Corporation as current	tly filed with the Florida Dept. o	f State)
P15000033386		
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adop	ts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
$A \mid A$		The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc." or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation	ed" or the abbreviation
B. Enter new principal office address, if applicable:	NA_	
(Principal office address MUST BE A STREET ADDRESS)		
•		
C. Enter new mailing address, if applicable:	1 / N	
(Mailing address MAY BE A POST OFFICE BOX)	_11/14	<u> </u>
<u>!</u> .	 	· · · · · · · · · · · · · · · · · · ·
·· d		
D. If amending the registered agent and/or registered office add		of the
new registered agent and/or the new registered office addres		
Name of New Registered Agent ZUBAIDA ALNAWAM		
· ·		
(Florida st	treet address)	
New Registered Office Address:	FI FI	orida
The Manager of the Ma	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent		C.1
I hereby accept the appointment as registered agent. I am familiar <u>b</u>	with and accept the obligations of	the position.
Meus hu		
Signature of New I	Registered Agent, if changing	

3.

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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	RAIED J AHMED	777 N ASHLEY DR.
Add	- 1		SUITE B
X Remove	∮		TAMPA, FL 33602
2) Change	Ρ .	ZUBAIDA ALNAWAMI	777 N ASHLEY DR.
X Add			SUITE B
Remove	۲		TAMPA, FL 33602
3)Change			
Add			<u> </u>
Remove	•		
4) Change			
Add	•		
Remove	**		
5) Change			
Add			
Remove	,		
6) Change	••		
Add			
Remove			

E. <u>If aπ</u>	nding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
(Anac	additional sneets, if necessary). (Be specific)
	<u> </u>
	<u>!</u> !
	•
	
F. <u>If an</u>	mendment provides for an exchange, reclassification, or cancellation of issued shares,
<u>pro</u>	sions for implementing the amendment if not contained in the amendment itself: f not applicable, indicate N/A)
	$A \cup A$
	- <u>:</u>
	<u>; </u>

11/15/18	المراب
The date of each amendment(s) adoption:date this document was signed.	, if other than th
Effective date if applicable:	
(no more than 90 days after a	nendment file date)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	filing requirements, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of vo by the shareholders was/were sufficient for approval.	tes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting graust be separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were sufficient for	r approval
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without sharel action was not required.	nolder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without sharehold action was not required.	er action and shareholder
Dated . 12 3 18	
Signature (By a director, president or other officer – if director selected, by an incorporator – if in the hands of a reappointed fiduciary by that fiduciary)	
i — \ \ \	
Lubaida Aln	awami
(Typed or printed name of person	a signing)
_ Kresident	
(Title of person signi	ing)