Floridal Department of State Division lof Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Number : I19990000092
Phone : (561)844-9805

Fax Number

: (561)844-9805 : (561)689-1131

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COR AMND/RESTATE/CORRECT OR O/D RESIGN ALADDIN MEDITERRANEAN BISTRO INC

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J. HORNE

APR - 1 2022

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Corporate Filing Menu

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF	COF	PORATION: ALADDIN MEDIT	TERRANEAN BISTRO IN	C.
DOCUMEN		D15000030312		
The enclosed	Art	icles of Amendment and fee are sub	omitted for filing.	
Please return	all	correspondence concerning this mat	ter to the following:	
		FOUAD ARBID		
	:		Name of Contact Person	
		ALADDIN MEDITERRANE	EAN BISTRO INC.	
			Firm/ Company	
	'	3896 NORTH LAKE BLVD		
	'		Address	
		PALM BEACH GARDENS	, FL 33403	
	:		City/ State and Zip Code	
		WAHIB12001@YAHOO.CO	DM .	
	:	*	ed for future annual report	notification)
For further in	nfori	nation concerning this matter, pleas	se call:	
FOUAD	AR	BID	at (⁵⁶¹	603-1082
	N	ame of Contact Person		le & Daytime Telephone Number
Enclosed is	che	ck for the following amount made	payable to the Florida Depa	rtment of State:
■ \$35 Fili	ng!F	ce [i\$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
		Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee I. Monroe Street, Suite 810 ssee, Ft. 32303

Articles of Amendment Articles of Incorporation

! :		ot		しょつり	-
ADDIN MEI	EDITERRANEAN BIST	TRO INC			IP.
	(Name o	f Corporation as currently fi	led with the Florida Dept. of Sta	te)	
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		(Document Number of Co	orporation (if known)		 -
		1004 51 11 01 11 51	LL D. C.C	. e. n . :	
ant to the prov ticles of Incor		1006, Florida Statutes, this <i>Flo</i>	rida Profit Corporation adopts the	2 following ameni	omeni(s
[]	·				
amending ha	iame, enter the new na	me of the corporation:			
			pany," or "incorporated" or the a	The	-
tered," "prof	of the designation Cofessional association, " incipal office address, i	or the abbreviation "P.A."	rofessional corporation name mu	St Comain the n	
cipal office a	address <u>MUST BE A S</u> T	TREET ADDRESS)			_
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emending th	the registered agent an	d/or registered office addres	s in Florida, enter the name of th	16	
		registered office address:	7 to 1 to	<u>. •</u>	
Name of A	Now Projetared Acoust	FOUAD ARBID			
Name of P	New Registered Agent	10868 LARCH COURT			
İ			address)		
		,	·	66418	
New Regis	istered Office Address:			а	_
		,	~,	(-2)	
Registered A	Agent's Signature, if cl	hanging Registered Agent:			
by accept the	ne appointment as regist	ered agent. I am familiar with	h and accept the obligations of the	position.	
	~./· 0~	(1)	•		
	× ***		internal Agent if above		
Name of N	New Registered Agent vistered Office Address: Agent's Signature, if cl	FOUAD ARBID 10868 LARCH COURT (Florida street PALM BEACH GARDENS (County) hanging Registered Agent: ered agent. I am familiar with	(f;), Florid	(Zip Code)	

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

Example: X Change	PI	John Doe	
X Remove	<u>y</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	P	FOUAD ARBID	10868 LARCH CT
X Add			PALM BEACH GARDENS FL 334
Remove	S	SUHA ARBID	10868 LARCH CT
2) X Change		SONA ARBID	
Add .			PALM BEACH GARDENS, FL 3:
Remove 3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
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	03/01/ 2022	
	ach amendment(s) adoption:	, if other than the
date this docur	iment was signed.	
	03/01/2022	
Effective date	e if applicable: (no more than 90 days after amendment file da	ute)
,	(10 110/12 12-17 0 27 0 27 0 27 0 27 0 27 0 27 0 27 0	,
	date inserted in this block does not meet the applicable statutory filing requirem frequire date on the Department of State's records.	ents, this date will not be listed as the
Adoption of A	Amendment(s) (CHECK ONE)	
	dment(s) was/were adopted by the incorporators, or board of directors without shar not required.	eholder action and shareholder
	dment(s) was/were adopted by the shareholders. The number of votes cast for the archolders was/were sufficient for approval.	amendment(s)
	diment(s) was/were approved by the shareholders through voting groups. The follow eparately provided for each voting group entitled to vote separately on the amenda	
"The	e number of votes cast for the amendment(s) was/were sufficient for approval	
by S	SUMA ARBID , WAHIB ARBID , FOUAD ARBID	
0,7	(voting group)	
	03/01/2022	
	Dated	
	Si and a said	
}	Signature XXX ANANO 1 O (By a director, president or other officer – if directors or officers ha	ve not been
	selected, by an incorporator – if in the hands of a receiver, trustee, of appointed fiduciary by that fiduciary)	
	SUHA ARBID	
	(Typed or printed name of person signing)	
	(Typed of printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	