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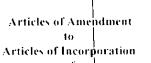
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COVERLETTER TO: Amendment Section Division of Corporations NAME OF CORPORATION: MOZART CAFE EXPRESS INC DOCUMENT NUMBER: P15000099230 The enclosed Articles of Amendment and fee are submitted for filing Please return all correspondence concerning this matter to the following: MORTY ETGAR Name of Contact Person MORTY ETGAR, P.A. Firm/ Company 3363 SUNNY ISLES BLVD., SUITE 801 NORTH MIAMI BEACH, FL 33160 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 577-0454

Area Code & Daytime Telephone Number MORTY ETGAR Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■\$43.75 Filing Fee & □852.50 Filling Leg ■\$43.75 Filling Fee & ■ \$35 Filing Fee Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clitton Building P.O. Box 6327 2661 Executive Center Circle Fallahassee, FL 32314 Tallahassee, FL 32301



•	of
DZART CAFE EXPRESS INC	
(Name of Corporation as currer	ntly filed with the Florida Dept. of State)
000099230	
(Document Number	r of Corporation (if known)
suant to the provisions of section 607,1006, Florida Statutes, th Articles of Incorporation:	is Florida Profit Corporation adopts the following amendme
If amending name, enter the new name of the corporation:	
1	Hw new
ne must be distinguishable and contain the word "corporat orp.," "Inc.," or Co.," or the designation "Corp." "Inc." or d "chartered," "professional association," or the abbreviation	r "Co", A professional corporation name must contain the n "PA."
Enter new principal office address, if applicable:	N/A
incipal office address <u>MUST BE A STREET ADDRESS</u>)	
	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	N/A
If you have a second and a second as a	Adams in Elevisia, automatha grama of the
If amending the registered agent and/or registered office agent registered agent and/or the new registered office addresses and the new registered office an	
N/A	
Name of New Registered Agent	
ıFlorida	street address)
(Florida New Registered Office Address:	street address)

address of each Office Attach additional she Please note the officer P President; V Vi Executive Officer; CF held President, Treas, Changes should be no a change, Mike Jones	er and/or E ets, if neces, director tit, ce Presiden O Chief, urer, Direct ted in the fo leaves the c	Director being added: sary) le by the first letter of the office title. i. T - Treasurer; S - Secretary; D - Director Financial Officer. If an officer director holo or would be PTD. ollowing manner. Currently John Doe is liste	in officer/director being removed and title, name, and its Trustee, C = Chairman or Clerk, CEO = Chief its more than one title, list the first letter of each office as the PST and Mike Jones is listed as the 3 - There is S. These should be noted as John Doe, PT as a Change,
X Change	<u> 1917</u>	<u>John Doe</u>	
X Remove	$\overline{\Sigma}$	Mike Jones	
X Add	<u>8V</u>	Sally Smith	
Lype of Action (Check One)	<u> l'itle</u>	Name	Address
D Change	P	KASHANI, IZHAK	3363 SUNNY ISLES BLVD
Add			SUITE 801
X Remove			N MIAMUBEACH, FL 33480
2) Change	P	YANKOVICH, SHMUEL	16850 COLLINS AVENUE
X Add			SUNNY ISLES, FL 33160
Remove			
3) Change			
Add		l	
Remove			
1) Change			
Add		•	
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			

___ Remove

E. If amending or adding additional Articles, enter change(s) h (Attach additional sheets, if necessary).—(Be specific)	ere:
N/A	
	ı
	<u>'</u>
F. If an amendment provides for an exchange, reclassification,	or cancellation of issued shares,
provisions for implementing the amendment if not containe (if not applicable, indicate N.4)	ed in the amendment itself:
N/A	
	<u> </u>

N/A The date of each amendment(s) adoption:	it other than the
late this document was signed.	'
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 s document's effective date on the Department of State's records.	statutory filling requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The numb by the shareholders was/were sufficient for approval.	or votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through v must be separately provided for each voting group entitled to vote se	
"The number of votes east for the amendment(s) was/were suffi	A icient for approval
by	·
tvoting group)	
☐ The amendment(s) was/were adopted by the board of directors witho action was not required.	ut shareholder action and shareholder
■ The amendment(s) was/were adopted by the incorporators without shaction was not required.	nareholder action and shareholder
06/27/2017	1
Dated	•
Signature	
(By a director, president or other officer – i selected, by an incorporator – if in the hand appointed fiduciary by that fiduciary)	
IZHAK KASHANI	
(Typed or printed name	of person signing)
PRESIDENT	
(Title of per	son signing)

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