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COVER LETTER

TO: Amendment Section

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Division of Corporations			
NAME OF CORPORATION: DOCUMENT NUMBER:	FRAPPE	GREEK	COMPANY
DOCUMENT NUMBER:	P1600001	1276	
The enclosed Articles of Amendmen			
Please return all correspondence con	cerning this matter to th	e following:	
	Mary E. Pr	ados CPA	
	Name	e of Contact Person	
	Mary E f	Cados CPA	$\mathcal{P}_{\mathcal{A}}$
	Mary E. P.	'irm/ Company	
	8740 NE	Address	enue
		Address	<u></u>
	El Porta	I, FL	33138
	City/	State and Zip Code	
	mercpace	a 2 / 1 2 m	
E-mail ad	dress: (to be used for fu	iture annual report n	otification)
For further information concerning th	sis matter, please call:		
Mary E. Pras	1.5	at (305	776-5410
Name of Contact Pers	าท	Area Code	276 - 5410 & Daytime Telephone Number
Enclosed is a check for the following	amount made payable t	o the Florida Depar	tment of State;
☐ \$35 Filing Fee	Filing Fee & Certification Certification		□\$52.50 Filing Fee Certificate of Status
		osed)	(Additional Copy is enclosed)
Mailing Address		Street A	ddress

Amendment Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Articles of Amendment

Articles of Incorporation

* ***********************************	of	•	
	E GREEK	· · · · · · · · · · · · · · · · · · ·	<u>e</u>).
(<u>Name of</u>	f Corporation as currently	filed with the Florida Dept. of Stat	e) ·
P16	0000 11276		(0)
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this F	Florida Profit Corporation adopts the	following amendmen
A. If amending name, enter the new na	me of the corporation:		
			The new
name must be distinguishable and contain to "Inc.," or Co.," or the designation "Co.," chartered," "professional association," or B. Enter new principal office address, if (Principal office address MUST BE A ST. C. Enter new mailing address, if applied (Mailing address MAY BE A POST O	orp," "Inc," or "Co". A or the abbreviation "P.A." f applicable: REET ADDRESS) able: FFICE BOX)	professional corporation name must 90 Mary E. Prad 8140 NE 2NA, EL Portal, FL 8740 NE 2Nd EL Portal, FL	Avenue 33138
 If amending the registered agent and new registered agent and/or the new 	or registered office addre registered office address:	ss in Florida, enter the name of the	
		4 E. Prados CPA.	A
	8740 NE 2Nd	y E. Prados CP.A.	
-	(Florida stree	t address)	
New Registered Office Address:	EL Porta	[, Florida_	33138 (Zip Code)
	(0.	Tity)	(Zip Code)
New Registered Agent's Signature, if cha hereby accept the appointment as register	ed agent. I am familiar wi		
	L	istered Agent, if changing	
	Signature of New Reg	istered Agent, if changing	
Chock if applicable The amendment(s) is/are being filed pure			Prados, CPA

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.

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>	<u>Name</u>	Address
1) Change	\overline{D}	Angelo Marinos	8304 South Lake Forest Dr.
Add Remove			Davie, FL 33328
2) Change	<u>D</u>	Evangelia Marinos	8304 South Lake Forest Dr.
Add Remove 3) Change	P	Stella Marinus	Davie, FL 33328 8304 South Forest Dr
Add Remove 4) Change			Davie, FL 33328
Add Remove			
5) Change Add			
Remove 6) Change			
Add Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
 	
<u> </u>	
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an amendment provides for an exchaprovisions for implementing the amen	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	and an end the little
	

The date of each amendment(s) adoption date this document was signed.	n:	1v/y 29,	2020	, if other than the
Effective date <u>if applicable</u> :	Jv/y (no more than 90	29, 201	<u>.</u> 0	
	(no more than 90	aays ajier amena	ment file date)	
Note: If the date inserted in this block document's effective date on the Departme	oes not meet the applica ent of State's records.	ble statutory filin	g requirements, this	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adopted by action was not required.	y the incorporators, or bo	oard of directors w	vithout shareholder a	action and shareholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	y the shareholders. The r t for approval.	number of votes c	ast for the amendme	ent(s)
☐ The amendment(s) was/were approved I must be separately provided for each verified.	oting group entitled to vo	ote separately on t	the amendment(s):	ement
"The number of votes cast for the	amendment(s) was/were	sufficient for app	proval	
by	*/			
/ \	(voting group)		-	
Dated	Vuly 29.	2020		
Signature	July 29.	a n		
selected, by an	president or other officer incorporator – if in the b ciary by that fiduciary)	- if directors or o	officers have not been at trustee, or other co	en ourt
		Stella	Marinos	
	(Typed or printed nat			
	Pre	sident		
	(Title of person signi	ng)		