P160000 39051

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(Add	dress)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: YIANNES SEAFC	OOD & GREEK CUISINE	INC	
DOCUMENT NUMBER: P16000039051			
The enclosed Articles of Amendment and fee are su			
Please return all correspondence concerning this ma	tter to the following:		
KAREN J MILLS			
	Name of Contact Person	1	
KEY ACCOUNTING AND	TAXES LLC		
	Firm/ Company		
1588 KLOSTERMAN ROAL	D EAST		
	Address		
PALM HARNBOR, FL 3468	36		
-	City/ State and Zip Cod	e	
KAREN@KEYACCOUNTINGA?	NDTAXES.COM		
E-mail address: (to be us	sed for future annual report	notification)	
For further information concerning this matter, pleas		NO. 4000	
KAREN J MILLS	at (<u>727</u>		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 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 Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301	

Articles of Amendment Articles of Incorporation

to

YIANNIS SEAFOOD & GREEK CUISI	INE, INC.				
(Name o	of Corporation as curren	itly filed with the Florida Dept. of S	itate)	· ·	
P16000039051					
	(Document Number	of Corporation (if known)	<u> </u>		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	is Florida Profit Corporation adopts	the following	amend	ment(s)
A. If amending name, enter the new na	ime of the corporation;				
N/A			,	**1	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corporation	l" or the abl	reviati	ew ion the
B. Enter new principal office address					
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE				2	_
				3	17
			<u>-::</u> -		- [
C. Enter new mailing address, if appli	cable:		† , • •	2	
(Mailing address MAY BE A POST)		N/A 	,	至	_
			<u></u>	Ö	
				- 37	-
					_
D. If amending the registered agent an new registered agent and/or the new			the		
Name of New Registered Agent	N/A				
<u> </u>					
	(Florida	strect address)			
	N/A				
New Registered Office Address:		, Flor	ida (Zip Co	de)	-
		· ·······	wip Co	,	
New Registered Agent's Signature, if cl	hanging Registered Ager	nt:			
I hereby accept the appointment as regist	erea agent i am jamiliai	r with and accept the obligations of th	ie 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 <math>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: <u>X</u> Change	<u> 14</u>	John Doc	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	PT	NAOMI KITSOS	121 W CEDAR ST
Add			TARPON SPRINGS, FL 34689
Remove			
2) Change	<u>S</u>	MICHAEL J KOURSIOTIS	1213 CASTLE TERRACE
X Add			TARPON SPRINGS, FL 34689
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

7A	or adding additions onal sheets, if necess	sary). – (Be specific	1		
					
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<u>- II an</u> amendr	nent provides for all or implementing th	<u>n exchange, reclass</u>	ification, or cancella	tion of issued share	<u>s.</u>
provisions f	pplicable, indicate N	<u>(€ amengmenen not</u> V/4)	contained in the am	enument usen:	
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The date of each amendment(s	10/17/2019) adoption:	if ashar than the
date this document was signed.	, adoption	, it other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendmer sufficient for approval.	ent(s)
	approved by the shareholders through voting groups. The following stator each voting group entitled to vote separately on the amendment(s):	tement
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	older
■ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholde	r
Dated	200me Xg	
(By sele	a director, president or other officer – if directors or officers have not be cted, by an incorporator – if in the hands of a receiver, trustee, or other ointed fiduciary by that fiduciary)	
	NAOMI KITSOS	
	(Typed or printed name of person signing)	
	PRESIDENT, TREASURER	
	(Title of person signing)	