P10000082512

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PB Tiki, Inc.					
	IBER: P16000082512					
	s of Amendment and fee are su	abmitted for filing.				
Please return all corr	espondence concerning this ma	atter to the following:				
	Chris Moutos					
		Name of Contact Persor	<u> </u>			
	LM Restaurants, Inc.					
	Firm/ Company					
	6510 Chapel Hill Rd					
	Address					
	Raleigh, NC 27607					
		City/ State and Zip Code	·			
cmo	utos@lmrest.com					
	-	sed for future annual report	notification)			
	,	,	,			
For further informati	on concerning this matter, pleas	se call:				
Chris Moutos		919 at (851-0858 de & Daytime Telephone Number			
Name	of Contact Person	Area Coo	de & Daytime Telephone Number			
Enclosed is a check f	or the following amount made	payable to the Florida Depa	rtment of State:			
☐ \$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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

PB TIKI, INC					
(<u>Name</u>	of Corporation as current	ly filed with the Florida Dep	ot. of State)		
P16000082512					
	(Document Number o	of Corporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes, this	Florida Profit Corporation	adopts the foll	owing amendr	nent(s) to
A. If amending name, enter the new n	ame of the corporation:				
LUCKY FISH, INC				The no	?w
name must be distinguishable and cor "Corp.," "Inc.," or Co" or the design word "chartered," "professional associa	nation "Corp," "Inc," or '	'Co". A professional corpor		he abbreviation	on
B. Enter new principal office address, (Principal office address MUST BE A S		NO CHANGE			
C. Enter new mailing address, if apple (Mailing address MAY BE A POST)	NO CHANGE		2018 PSR 28 PH R 54		
D. If amending the registered agent an new registered agent and/or the ne			me of the	Table 1	
Name of New Registered Agent	NO CHANGE	_			
	(Florida str	reet address)			
New Registered Office Address:	NO CHANGE		_, Florida		_
	(City)			(Zip Code)	
New Registered Agent's Signature, if a lareby accept the appointment as regis	tered agent. I am familiar i	with and accept the obligation		ion.	
	Signature of New H	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 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)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		NO CHANGES THIS SECTIO	N
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			·
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Article (Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
NO CHANGE		
	· · · · · · · · · · · · · · · · · · ·	
<u> </u>		
This second desired in the second desired desi		
-		
F. If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
N/A		
-		
- · · <u>-</u>	-	

The date of each amendment(s) adoption:	, if other than the
date 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 statutory filing requirements, this date wi document's effective date on the Department of State's records.	ll not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	•
by	
(voting group)	
■ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
MARCH 26, 2018	
Dated	
(By a director, president or other officer - if directors or officers have not been	_
selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
To 4 MoSHAKos. (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Director	
(Title of person signing)	