P16000091274

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COVER LETTER

Division of Corp			• .	
NAME OF CORPO	RATION: Rockin Crawfish O	rlando Inc		
	BER: P16000091274			
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	Youth Chantara			
		Name of Contact Person	1	-
		Firm/ Company		_
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	E-mail address: (to be us	sed for future annual report	notification)	· (
For further information	on concerning this matter, pleas	se call:		 بست
Youth Chantara		at (<u>321</u>		. :: :: :: : : : : : : : : : : : : : :
Name	of Contact Person	Area Co	de & Daytime Telephone Numb	er, c.
Enclosed is a check f	or the following amount made	payable to the Florida Dep	artment of State:	
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
An Di P.C	hilling Address hendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Division The C 2415 I	Address Innent Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	

Articles of Amendment to Articles of Incorporation of

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К	.ock in	Crav	viish.	Orlando	Inc

(Name of Corporation as curren	ntly filed with the Florida Dept. of State)		
P16000091274			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the fol	llowing am	.endment(s) t
A. If amending name, enter the new name of the corporation:			
N/A		The	e new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A	A professional corporation name must of	eviation "C	Corp.,"
B. Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	N/A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		
(Manual and Case Manual and Ca		10 E	
		<u> </u>	=
		·	<u>:</u>
D. If amending the registered agent and/or registered office ad		 	
new registered agent and/or the new registered office addre	<u>:ss:</u>	, ;	
Name of New Registered Agent			€. -:-
		<u> : </u>	
(Florida	street address)		
New Registered Office Address:	, Florida_	Cin Code	<u> </u>
	(City)	(Zip Code)	,
New Registered Agent's Signature, if changing Registered Age	ent:		
I hereby accept the appointment as registered agent. I am familia	ir with and accept the obligations of the pos	ution,	
			
Signature of New	v Registered Agent, if changing		

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)

Example:

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> <u>John</u>	Doe	
X Remove V <u>Mike Jones</u>		e Jones	
X Add	<u>SV</u> <u>Sally</u>	<u>: Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Treasure	Kepler Fils Aime	5937 Raleigh St # 5300
Add			Orlando FL. 32835
x Remove 2) Change	Managei	Eurika Fils Aime	5040 W. Colonial Dr.
Add			Orlando FL. 32808
x Remove 3) Change	Treas	Hanh Wisegarver	5040 W. Colonial Dr. Orlando Fl. 32808
x Add			
Remove			
4) Change			
Add			
Remove			
5) Change	-		
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
I/A	
······································	
	
. If an amendment provides for an exch	change, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
1/A	

	06/15/2022	
	amendment(s) adoption:	, if other than the
date this document		
Effective data if a	06/15/2022	
Effective date <u>if a</u>	(no more than 90 days after amendment file date)	
	inserted in this block does not meet the applicable statutory filing requirements, this date wive date on the Department of State's records.	ill not be listed as the
Adoption of Ame	endment(s) (<u>CHECK ONE</u>)	
The amendmen action was not a	nt(s) was/were adopted by the incorporators, or board of directors without shareholder action ar required.	id shareholder
	nt(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) olders was/were sufficient for approval.	
	at(s) was/were approved by the shareholders through voting groups. The following statement ately provided for each voting group entitled to vote separately on the amendment(s):	
"The nun	nber of votes cast for the amendment(s) was/were sufficient for approval	
by	, "	
,	(voting group)	
	06/10/2022	
	Dated	
	Signature (Dal A Wiscom	
	(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)	
	Daniel A Wisegarver	
	(Typed or printed name of person signing)	
	Vice President	
	(Title of person signing)	