P17000028240

(Re	questor's Name)	
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S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: CARIBBEAN CR	AFT RESTAURANT INC	_ 	
DOCUMENT NUM	P17000028240			
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	ERIK W GLUSHIEN			
		Name of Contact Person	n	
	GPS FINANCIAL GROUP	INC		
Firm/ Company .				
1100 SOUTH FEDERAL HWY SUITE 4				
		Address		
	BOYNTON BEACH FL 334	135		
		City/ State and Zip Cod	e	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se cali:		
NICOL A S ILET		at (8535111	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:	
335 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)	
■Mi	illing/Aylidress(2)	Street	Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

$C \times D \setminus D \setminus D \setminus C \times$	ALCD A D	TEATING OF THE	ID A NITCHNIC

(Name of Corporation as cut	rrently filed with the Florida Dept	. of State)	
P-17000028240			
(Document Num	ther of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	, this <i>Florida Profit Corporation</i> ad	opts the following amendment((s) to
A. If amending name, enter the new name of the corporation	m:		
		The new	
name must be distinguishable and contain the word "corpo" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbrevia	or "Co". A professional corpora		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered office		ne of the	
new registered agent and/or the new registered office ad	dress:		
Name of New Registered Agent			
<i>(i)</i>	ida street address)		
(Ptor	aai sireei aaaress)	~	
New Registered Office Address:	(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing Registered A lamfament as registered agent. I amfament as registered agent.	<u>Agent:</u> iliar with and accept the obligation :	s of the position.	
Signature of t	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.

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>	<u>Addres</u> s
1) Change	SV	ELSIE ILET	7669 BRISTOL BAY LANE
X Add			LAKE WORTH FL 33467
Remove			
2) Change	<u></u>		
Add			
Remove			••
3) Change			
Add			
Remove			
4) Change			,
Add			
Remove			***
5) Change			
Add			
Remove			
0 0			
6) Change			
Add			
Remove			

E. <u>If</u> (At	amending or adding additional Articles, enter change(s) here: tach additional sheets, if nevessary). (Be specific)
F. <u>If</u>	nn amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
···.	

The date of each amendment(s) adoption: 5/15/2017 date this document was signed.	, if	other	than the
Effective date if applicable: (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 will document's effective date on the Department of State's records.	not l	be list	ed as the
Adoption of Amendment(s) (CHECK ONE)		•	
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			
(voling group)			
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	SECKE	17 MA	71
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	YWY	181	T T
Dated 5/15/2017	PER SERVICE	PM 4: 31	<u> </u>
Signature (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)	_		
(Typed or printed name of person signing)			
(Title of person signing)			