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SECRETARY OF STATE
ALL AHASSEF FLORIDA

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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: CONDOLLY'S BAR and GRILL, INC	1.			
DOCUMENT NUMBER: P170000 47477				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
MARK D. YOHE Name of Contact Person				
Name of Contact Person				
M.Y. FUTURE, INC.				
213 W BOYNTON BCH BIVD				
BOTNTON BCH FL 33435-4022 City/ State and Zip Code				
City/ State and Zip Code	<u> </u>			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
MARK D. FOHE at (561) 738 - Name of Contact Person Area Code & Daytime T	2695			
Name of Contact Person Area Code & Daytime T	elephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee \$\Bigcup \text{\$\subseteq}	of Status opy Copy			
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationP.O. Box 6327Clifton Building	ns			

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

CONNOLLY'S BAR and GRILL, IT	oc
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P17000047477	
(Document Number o	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co ," or the designation "Corp.," "Inc," or "word "chartered," "professional $association$," or the abbreviation "	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	PA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SECRETARY BY TALL AHASSEE.
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent MARK D.	TOHE
213 W Bor (Florida str	TNTON BCH BIVD reel address)
New Registered Office Address: BOYNTON B	cH Florida 33435
	(Cay) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
Signal Very of New 1	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	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones	
<u>X</u> Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
t) Change	<u>P</u>	DAVID R JONES	8694 VISTA GREENS CT
Add			LAKE WORTH FL 33467
<u></u> Remove			
2) X Change	P, S, D	ANTHONY J CARUSO	86365 CYPRESS SPRINGS AT
Add			LAKE WORTH FL 33467
Remove	110 T >	MELOSSA A Jones	0/94 1/2 //
3) Change	VP, T, D	THELL SOR IT WORLD	8694 VISTA GREENS CT LAKE WORTH FL 33467
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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

The date of each amendment(s) adoption: 07/03/2018
Effective date if applicable: 67/23/2018 (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 not be listed as the locument's effective date on the Department of State's records.
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.
Dated
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)
MELISSA A JONES (Typed or printed name of person signing)
REASURE R
(Title of person signing)