Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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| | another cover sheet. | | o will generate. |
|-------|--|-----------------------------|-------------------------------------|
| To: | | | 동년 10 |
| | Division of Corporations | | $\mathcal{S} \subseteq \mathcal{S}$ |
| | Fax Number : (850)617-6380 | | <u>V.</u> − |
| From: | | | 7 |
| | Account Name : AGI REGISTERED AGENTS, INC. | | |
| | Account Number : 12000000205 | | •• |
| | Phone : (305)416-6800 Fax Number : (305)416-6811 | | |
| | 7 dx 1103520 . (305)*15-0311 | | : " |
| | annual report mailings. Egter only one email Email Address: 10.50 G G G | address please.** - ra. Com | or STALLE |
| | COR AMND/RESTATE/CORRECT OF | P O/D PESIGN | |
| | MAYORS EATERIES,IN | | AUG 2 9 2 |
| | Certificate of Status | 0 | |
| | 0 | 0 | |
| | Certified Copy | | |
| | Page Count | 01 | |

Electronic Filing Menu

Corporate Filing Menu

Help

PAGE 02/06

COVER LETTER

| TO: Amendment Section Division of Corporation | | | | | | |
|--|--|--|---|--|--|--|
| NAME OF CORPOR | ATION: Mayors Enteries, In | nc. | | | | |
| DOCUMENT NUMB | | | | | | |
| | of Amendment and fee are sui | omitted for filing. | | | | |
| Please return all corres | pondence concerning this mat | ter to the following: | | | | |
| | Jeffrey Rodriguez | | | | | |
| • | Name of Contact Person | | | | | |
| | Mayors Esteries, Inc | | | | | |
| • | Firm/ Company | | | | | |
| | 15478 NW 77th Court | | | | | |
| | Address | | | | | |
| | Miami Lakes / Florida 33016 | | | | | |
| | · · · · · · · · · · · · · · · · · · · | City/ State and Zip Cod | e | | | |
| | | | | | | |
| rodnig | ruez.jeffrey@gmail.com | and the Edward and I have at | entification) | | | |
| | E-mail address: (to os a | sed for future annual report | no medication) | | | |
| For further information | n concerning this matter, pleas | se call: | | | | |
| Jeffrey Rodriguez | | at (786 | <u> 229-5432</u> | | | |
| Name o | of Contact Person | Area Co | de & Daytime Telephone Number | | | |
| Enclosed is a check fo | r the following amount made | payable to the Florida Depa | artiment of State: | | | |
| ■ \$35 Fillng 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) | | | |
| Ame Divi P.O. | ting Address endment Section sion of Corporations Box 6327 ahassee, FL 32314 | Ameno Divisio Clifton 2661 E | Address Iment Section on of Corporations a Building executive Center Circle assee, FL 32301 | | | |

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Articles of Amendment Articles of Incorporation of

| Mayors Eateries, Inc | | |
|--|---|------------|
| (Name of Corporation as currently file | ed with the Plorida Dept of State) | |
| P17000049753 | <u></u> | |
| (Document Number of Co. | poration (if known) | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this Florits Articles of Incorporation: | ida Profit Corporation adopts the following amendment(s | i) ta |
| A. If amending name, enter the new name of the corporation: | | |
| | The new | |
| name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co" word "chartered," "professional association," or the abbreviation "P.A. | . A professional corporation name must contain the | |
| B. Enter new principal office address, if applicable: | س. 0 نائيات | • |
| (Principal office address MUST BE A STREET ADDRESS) | 30 San | |
| - | | 5 🚊 |
| - | | 3 ~ |
| C. Enter new mailing address, if applicable: | 93 14-14 | م ، |
| (Malling address MAY BE A POST OFFICE BOX) | | = (|
| | | ₽. |
| - | | , 4 |
| - | ` <u></u> `` | |
| D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address; | in Plorida, enter the name of the | |
| Name of New Registered Agent | | |
| | | |
| (Florida street | odái ess) | |
| No. B. State & C. Cons. A. Linner | , Fiorida | |
| New Registered Office Address: | | |
| • | . , . | |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with | and accept the obligations of the position. | |
| | | |
| C:,,f M, D, | stered Agent, if changing | |

Example:

3054166811

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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 nomed 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 | PT | John Do | <u> </u> | |
|-------------------------------|-----------|----------|-------------------|-----------------------|
| X Remove | <u>v</u> | Mike Jo | nes | |
| X Add | <u>sv</u> | Sally Sn | nith | |
| Type of Action (Check One) | Title | | Name | Address |
| 1) X Change | VP_ | | Luis Marquez | 15478 NW 77 Ct |
| Add | | | | Miami Lakes, FL 33016 |
| Ramove | | | | |
| 2) Change | P | | Jeffrey Rodriguez | 15478 NW 77 Ct |
| X Add | | | | Miami Lakes, FL 33016 |
| Remove | | | | |
| 3) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | _ | | |
| Arid | | | | |
| Remove | | | | |
| | | | | · · |
| 6) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
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| Attach additional sheets, if necessary). | :les, enier change(x) here: (Be specific) | |
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| If an amendment acouldes for an ave | ange, reclassification, or cancellation of issued shares. | |
| provisions for implementing the am- | ndment if not contained in the amondment itself: | ı |
| (if not applicable, indicate N/A) | | |
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| The date of each amondment(s) ad | option: | , if other than the |
|---|---|--|
| date this document was signed. | | |
| Effective date if applicable: | | |
| | (no more than 90 days after ome | ndmeni file dale) |
| Note: If the date inserted in this bidocument's effective date on the Dep | ock does not meet the applicable statutory fi partment of State's records. | ling requirements, this date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were ado by the shareholders was/were su | pted by the shareholders. The number of vote ficient for approval. | s cast for the amendment(s) |
| The amendment(s) was/were app must be separately provided for | roved by the shareholders through voting groue each voting group entitled to vote separately | ps. The following statement on the amendment(s): |
| "The number of votes cast | for the amendment(s) was/were sufficient for a | approval |
| by | (voting group) | |
| | (voting group) | |
| The amendment(s) was/were addression was not required. | pted by the board of directors without shareho | older action and shareholder |
| ☐ The amendment(s) was/were add action was not required. | pted by the incorporators without shareholder | action and shareholder |
| 8/22/2018 | | |
| Datec | 8 | |
| Signature_ | | |
| | rector, president of buller officer - if cirectors | |
| | i, by an incorporator — if in the hands of a rece ed tiduciary by that fiduciary) | eiver, trustee, or other court |
| аррона | | |
| | Lurs B. Marquel | |
| | (Typed or printed name of person | signing) |
| | VP | |
| | (Title of person signing | R) |