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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	AROMA E	BBQ RESTAURANT INC	
DOCUMENT NUMBER:		P18000017090	
The enclosed Articles of Amendme	nt and fee are se	abmitted for filing.	
Please return all correspondence co	ncerning this ma	atter to the following:	
		CARLOS R LOPEZ CAR	JAS
		Name of Contact Perso	
		Firm/ Company	
		1357 CAREY GLEN CIRC	CLE
Address			
	.	ORLANDO, FL 32824 City/ State and Zip Cod	ic
	AI MANZAR	RACCOUNTING@HOTM	
E-mail a		sed for future annual report	
For further information concerning	this matter, pleas	se call:	
RAFAEL ALMANZAR		954 at (732-1864
Name of Contact Person		Area Co	ode & Daytime Telephone Number
Enclosed is a check for the following	g amount made	payable to the Florida Depa	artment of State:
	5 Filing Fee & icate 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		Ameno Divisio Cliftor	Address Internal Section In of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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AROMA BBQ) RESTAURA	ANT INC			
(Name of Corporation a	s currently fi	led with the Florida I	Dept. of State)		
PI	8000017090				
(Document	Number of Co	orporation (if known)			
Pursuant to the provisions of section 607,1006, Florida Statits Articles of Incorporation:	tutes, this <i>Flo</i>	rida Profit Corporatio	n adopts the fol	lowing amend	dment(s)
A. If amending name, enter the new name of the corpor	ration:				
				The	new
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp," "I word "chartered," "professional association," or the abbr	Inc," or "Co	". A professional cor,		the abbrevia	tion
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u>)				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	-		TALL AND	2018 JUL 1	- - T=
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		in Florida, enter the		STATE STATE	
Name of New Registered Agent		-			
	(Florida street d	uldress)			
New Registered Office Address:			, Florida		
	(Cit	v)		(Zip Code)	_
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	red Agent: familiar with	and accept the obligat	tions of the posi	tion.	
Signature	of New Revi:	stered Agent, if changi	ทย		

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>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>V</u>	MARCY LOPEZ	1357 CAREY GLEN CIRCLE
XAdd			ORLANDO, FL 32824
Remove			
2)Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if necessary).	(Be specific)
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an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the amo	endment if not contained in the amendment itself;
(if not applicable, indicate N/A)	

The date of each amendment(s) adopt	ion:	, 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 document's effective date on the Depart	does not meet the applicable statutory filing requirements, the ment of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were suffici	by the shareholders. The number of votes cast for the amend ent for approval.	πent(s)
	ed by the shareholders through voting groups. The following s h voting group entitled to vote separately on the amendment(s	
"The number of votes cast for t	he amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and share	eholder
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and sharehold	der
JUN 15, 2 Dated	2018	
Signature	or, president or other officer- it directors or officers have not	hoon
selected, by	an incorporator – if in the bands of a receiver, trustee, or othe iduciary by that fiduciary)	r court
	CARLOS R LOPEZ CARIAS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	