P18000019321

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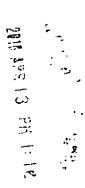
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03/12/18--01026--013 **30.00



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TO: Amendment Section

Division of Corporations		$\hat{}$
NAME OF CORPORATION: Sam 5	Hip Hop Chicken & S	ea food In
DOCUMENT NUMBER: P180001	019321	
The enclosed Articles of Amendment and fee are		
Please return all correspondence concerning this	s matter to the following:	
<u> </u>		

Salam Soro	
Sams Hip Hop Chicken & Seafoor	DInc
6457 Fr Cavoline Roapt 184	
JACKSONVILLE FL 32277 City/ State and Zip Code	

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

□\$43.75 Filing Fee & □S43.75 Filing Fee & Certificate of Status 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

Street Address

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

Articles of Amendment

% Articles of Incorporation

5AM'S Hip	HOP ChickEN! SEAFOOD Z
(Name of Corporation as currently f	
アノタカハノ	0/)/9 3 2 /
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fla</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
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.,	"company," or "incorporated" or the abbreviation ". A professional corporation name must contain the 4."
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	
C. Enter new mailing address, if applicable:	الله المستقر
(Mailing address MAY BE A POST OFFICE BOX)	
	<i>→</i>
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	
(Florida street	address)
New Registered Office Address:	Planida.
CO	ty) (Zip Code)
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.
Signature of New Reg.	istered 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 officeridirector 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	PT John Doc	
X Remove	<u>V</u> <u>Mike Jones</u>	
_X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	P Sami So	
Add		apt 184
X Remove		JAX FL 32277
2) Change	P Salam S	poro: 6457 Ft Caroline Ro
X_ Add		<u>apt 184</u>
Remove		Jax FL 32277
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
(Channe		
6) Change		
Add		
Remove		

Attach additional	Iding additional Articles sheets, if necessary). (E	, enter change(s) r. Wengcitic)	<u>vre</u> :		
Attacti tidantenti	sneets, g necessary). (E	e specific)			
	 				
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f an amendmen	provides for an exchang	re reclassification	or cancellation of	issued chares	
provisions for i	plementing the amenda	ent if not containe	ed in the amendme	ent itself:	
(if not appli	able, indicate N/A)				
·					
_		-			
					
					

The date of each amendment(s) adoption date this document was signed.	n:, if other th
•	
Effective date if applicable:	(no more than 90 days after amendment file date)
	(no more man 70 days after amenantem file date)
Note: If the date inserted in this block of document's effective date on the Departm	oes not meet the applicable statutory filing requirements, this date will not be listed ent of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were adopted by the shareholders was/were sufficien	y the shareholders. The number of votes east for the amendment(s) t for approval.
The amendment(s) was/were approved must be separately provided for each	by the shareholders through voting groups. The following statement roting group entitled to vote separately on the amendment(s):
"The number of votes east for the	amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were adopted baction was not required.	y the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted baction was not required.	y the incorporators without shareholder action and shareholder
Dated	-2018 m Soro
Signature Suca	m_Som
(By a director selected, by a	president or other officer – if directors or officers have not been in incorporator – if in the hands of a receiver, trustee, or other court inciary by that fiduciary)
	(Typed or printed name of person signing)
	(Title of person signing)