

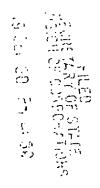
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: THE TOAD STOO	DL PACKAGE, INC	
DOCUMENT NUME	BER: 918000035486		<u> </u>
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	SHARON C. BRANNAN		
		Name of Contact Person	1
	SHARON C. BRANNAN, C	PA PA	
		Firm/ Company	
	161 N. MAIN STREET		
	-	Address	
	WILLISTON, FL 32696		
		City/ State and Zip Cod	e
LAHS	RON@BRANNANCPA.COM	.1	
	~	sed for future annual report	notification)
For further information	n concerning this matter, pleas		528-6558
	of Contact Person	at (Area Co	de & Daytime Telephone Number
	r the following amount made		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□S52.50 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 Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, F1, 32301

Articles of Amendment to Articles of Incorporation

THE TOAD STOOL PACKAGE, INC.

(Name of Corporation as cur	rently filed with the Florida Dept. of State)	
P18	000035486	
(Document Num	ber of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the follo	owing amendment(s)
A. If amending name, enter the new name of the corporatio	<u>n:</u>	
THE TOAD STOOL P	ACKAGE AND LOUNGE, INC.	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 corporation name n	e abbreviation
	N/A	
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)	N/A	
· · · · · · · · · · · · · · · · · · ·		
		10 700
D. If amending the registered agent and/or registered office		
new registered agent and/or the new registered office ad N/A	dress:	J. ST.
Name of New Registered Agent		기 일종
(Flori	ida street address)	
New Registered Office Address:	, Florida	The state of the s
	(City)	(z.ip Code) - _G
	(City)	(Zip Code) - 6,
New Registered Agent's Signature, if changing Registered A l hereby accept the appointment as registered agent. I am fam	sgent: iliar with and accept the obligations of the posit.	ion.
Signature of I	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 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		N/A	
Add			
Remove			<u> </u>
2) Change			
Add			<u> </u>
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
Cl.			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If ame</u> (Attacl	ending or addin additional shee	<u>g additional A</u> ets, if necessari	rticles, enter :). (Be speci	<u> cnange(s) h</u> ific)	<u>ere</u> :			
N/A				-				
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F. <u>If an :</u>	amendment pro isions for imple	<u>wides for an e</u>	xchange, recl	assification, not contain	<u>or cancella</u> ed in the am	<u>tion of issued</u> endment itse	<u>l shares,</u> df:	
prov (if not applicable	r, indicate N/A)	nor contains	M III CHE HIII	enament its	<u>,,,</u>	
N/A								
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The date of each amendment(s) adoption:	, 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 the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date w Department of State's records.	rill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	, · · · · · · · · · · · · · · · · · · ·	
· —-	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
09/25/1 Dated	9	
Cionatura	Part & Up for	
(By sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed tiduciary by that fiduciary)	
	ROBERT D. HAYEN, JR.	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	