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PICK-UP	☐ WAIT	MAIL
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## COVER LETTER

Division of Corporations NAME OF CORPORATION: SYMONS SAYS ENTERPRISES II, INC. DOCUMENT NUMBER: P18000063574 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Angela Villanueva Name of Contact Person Nelson Mullins Broad and Cassel Firm/ Company 100 S.E. 3rd Ave, Ste. 2700 Address Ft. Lauderdale, FL 33394 City/ State and Zip Code brenda.symons@partners.mcd.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (561 ) 659-8668

Area Code & Daytime Telephone Number Angela Villanueva Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **□\$**43.75 Filing Fee & **□\$**43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Street Address

Amendment Section Division of Corporations Clifton Building

## Articles of Amendment to Articles of Incorporation of

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SYMONS SAYS ENTERPRISES II, INC.

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		y filed with the Florida De	SEURLIARY OF S
SYMONS SAYS ENTERPRISES II, INC			TALLAHASSEE.
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this a	Florida Profit Corporation :	adopts the following amendmen
A. If amending name, enter the new na	me of the corporation:		
RODRIGUEZ FAMILY RESTAURANT	rs, inc.		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "	Co". A professional corpo	
3. Enter new principal office address,	if applicable:		
Principal office address <u>MUST BE A S</u>	TREET ADDRESS )		
C. Enter new mailing address, if appli	cable:		
(Mailing address <u>MAY BE A POST</u>	<u>OFFICE BOX</u> )		
D. If amending the registered agent an			ime of the
new registered agent and/or the nev		<u>.</u>	
Name of New Registered Agent	Amy N. Rodriguez		
	1879 S. Tamiami Trail		
	(Florida str	eet address)	
New Registered Office Address:	Venice		34293 Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if c hereby accept the appointment as regist			one of the position
nereny accept the appointment as regist	erea agent. Tam jamittar v	nn ana accept the obligatio	ns of the position.
	uNRada		
	Signature of New R	egistered Agent, if changing	
	Signature of New R	egistered 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 Do	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change		_		
Add				
Remove				<u> </u>
2) Change		<del></del>		
Add				
Remove				
3) Change		_		
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4) Change	+ <del></del>	_		
Add				
Remove				
5) Change		_		
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Remove				<del></del>
6) Change		<del></del>		
Add				
Remove				

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)	If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
provisions for implementing the amendment if not contained in the amendment itself:			
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(if not applicable, indicate N/A)	provisions for implementing the ame	namee, recrassification, or cancenation of issued snares, and and in the amendment itself:	
	(if not applicable, indicate N/A)		
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The date of each amendment(s) ad	loption:	, if other than th
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file dat	re)
<b>Note:</b> If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requireme partment of State's records.	nts, this date will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the ar flicient for approval.	mendment(s)
	roved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendm	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and share	reholder
October 17 Dated	. 2018	
Signature		
(By a d selected	irector, president or other officer – if directors or officers haved, by an incorporator – if in the hands of a receiver, trustee, or ted fiduciary by that fiduciary)	
	Brenda L. Symons	
	(Typed or printed name of person signing)	
	President Range de Po	

(Title.of person signing)