P1800064537

(Re	equestor's Name)	
(Address)		
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		}





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s. Young

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DOCUMENT NUMBER:	Warum's	Moditera	near, IM.		
DOCUMENT NUMBER:	P180000	H537			
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Name of Contact Person					
	Nan	ne of Contact Person	1		
	Firm/ Company				
	2151 Uriversity Blud. S.				
	2151 Uriversity Bird. S. Address Jacksonville, FL 32216				
	City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)					
For further information concerning th	is matter, please call:				
- Bretty	Saac	at (904	730-92 64 de & Daytime Telephone Number		
Name of Contact Pers	on	Area Coo	de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
	ate of Status Ce (Ac	3.75 Filing Fee & rtified Copy Iditional copy is closed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address			Address		
Amendment Section Division of Corporations			ment Section n of Corporations		
P.O. Box 6327 Tallahassee, FL 32		Clifton	Building xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation of

Kara	m's Mediteraneun, In1.
	as currently filed with the Florida Dept. of State)
^ ^	2064537
	nt Number of Corporation (if known)
	•
Pursuant to the provisions of section 607.1006. Florida Sits Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	oration:
Karam's Mediter	Transan Grill Inc. The name
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered." "professional association," or the ab	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the breviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u>	<u>ESS</u>)
C. Enter new mailing address, if applicable:	— ₁₂ =
(Mailing address MAY BE A POST OFFICE BOX)	
	三
	SSS
D. If amending the registered agent and/or registered	
new registered agent and/or the new registered off	ace address:
Name of New Registered Agent	
 	(Florida street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist Thereby accept the appointment as revistered agent. La	ered Agent: im familiar with and accept the obligations of the position.
and the second s	m yannan ana accept the ootigations to the property.
Signatu	ire of 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: XChange	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>rith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change				
Add		_		
Remove				
				
4) Change		_	· · · · · · · · · · · · · · · · · · ·	
Add				
Remove				
5) Change				
Add		_		
Remove				
Kemove				· · · · · · · · · · · · · · · · · · ·
6) Change		_		
Add				
Remove				

Attac)	ending or adding additional Articles, enter change(s) here: h additional sheets, if necessary). (Be specific)
•	
<u> </u>	
•	
	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·
. <u>If an</u>	amendment provides for an exchange, reclassification, or cancellation of issued shares,
<u>pro</u>	risions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
	(y mn appricable, marcale (v.x.)
	-

The date of each amendment(s) adoption: _	8/0/18	if other than the
date this document was signed.	8/8/18	
Effective date if applicable:		
	(no more than 90 days after a	mendment file date)
Note: If the date inserted in this block does document's effective date on the Department		v filing requirements, this date will not be listed as the
Adoption of Amendment(s) (C	CHECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient fo		otes cast for the amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each voting		
"The number of votes east for the am	endment(s) was/were sufficient fo	or approval
by	oting group)	<u> </u>
(v	oting group)	
☐ The amendment(s) was/were adopted by the action was not required.	ne board of directors without share	cholder action and shareholder
☐ The amendment(s) was/were adopted by th action was not required.	ne incorporators without sharehold	ler action and shareholder
Dated_ 3 8 2	2018	
Signature N Am	A A	
(By a director, pro	esident or other officer – if directo	ors or officers have not been
	corporator – if in the hands of a re	eceiver, trustee, or other court
appointed fiducia	rry by that fiduciary)	
	Tomili Noe (Typed or printed name of perso	lle
	(Typed or printed name of perso	on signing)
_	Vice President	lent
	(Title of person sign	ing)