P19 000000725

(Red	questor's Name)	
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(City	//State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

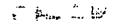
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7.

Mediterranian Cuisine, Inc. NAME OF CORPORATION:			The state of the s
	19000000725 BER:		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	itter to the following:	
	John Miller		
	Rock Solid Law	Name of Contact Perso	n
	484 Osceola Ave.	Firm/ Company	
	Jacksonville Beach, FL 322	Address 50	
		City/ State and Zip Cod	le
john	@rocksolidlaw.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
John Miller		909 at (241-1113
Name o	of Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check fo	the following amount made	payable to the Florida Depa	artment of State:
□ \$35 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)
Ame Divi P.O.	ling Address ndment Section sion of Corporations Box 6327 nhassee, FL 32314	Ameno Divisio Clifton	Address dment Section on of Corporations a Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Mediterranian Cuisine, Inc. 28 18 8CT - 3 AM 9 (Name of Corporation as currently filed with the Florida Dept. of State) 19(XXXXXX)725 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.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) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent John Miller, Rock Solid Law (Florida street address) 484 Osceola Ave. Jacksonville Beach, FL 32250 New Registered Office Address: (City) (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 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, a 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 = Ch Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each offiheld. 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 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	
_ <u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
(Check One)	P	BATOOMA, NASHWAN H	9527 REGENCY SQUARE BLVD
1) Change			#8
X Remove			JACKSONVILLE FL 32225
	DPST	ASHRAF KHODAN	9527 REGENCY SQUARE BLVD
2) Change X Add			#8
Remove			JACKSONVILLE FL 32225
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		. .———	
Add			
Remove			
6) Change			
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). (Be specific)		
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n amendment provides for an ex-	change, reclassification.	or cancellation of iss	ued shares,
ovisions for implementing the an	<u>rendment if not contain</u>	ed in the amendment	itself:
(if not applicable, indicate N/A)			
			··
			
		_	

The date of each amendment(s) adoption: date this document was signed.	, if other t
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	ill not be listed
Adoption of Amendment(s) (<u>CHECK ONE</u>)	1
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	1
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
October 1, 2019	
Dated	
Signature F/Shraf	
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
Ashraf Khodan	
(Typed or printed name of person signing) President, Majority Shareholder	
(Title of person signing)	