# P1900000 1393

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#### COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: CORAL LAKES O	CAFE & RESTAURANT, I	NC.
DOCUMENT NUMI	BER: P19000001393		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	JOHN P MILLER		
		Name of Contact Person	1
	JOHN P MILLER CPA PA		
	····	Firm/ Company	
	2499 GLADES RD STE 304		
		Address	
	BOCA RATON FL 33431		
	······································	City/ State and Zip Code	С
jpme	papa@bellsouth.net		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
John P Miller		at ( <u>561</u>	368-9777
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

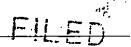
### **Articles of Amendment**

to

## Articles of Incorporation

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## CORAL LAKES CAFE & RESTAURANT, INC.



(Name o	of Corporation as currently filed with the Flori	da Dept. of State)
	P19000001393	2019 NAR 10 5
	(Document Number of Corporation (if know 1006, Florida Statutes, this <i>Florida Profit Corpor</i>	m) SECRETARY no e
its Articles of Incorporation:		~
A. If amending name, enter the new na	ame of the corporation;	
		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	tain the word "corporation," "company," or ation "Corp," "Inc," or "Co". A professional tion," or the abbreviation "P.A."	'incorporated" or the abbreviation corporation name must contain the
B. Enter new principal office address, (Principal office address MUST BE A S		
	<del></del>	
C. Enter new mailing address, if appli		
(Mailing address MAY BE A POST)	UPFICE BOX)	
D. If amending the registered agent an new registered agent and/or the new	d/or registered office address in Florida, enter w registered office address:	the name of the
Name of New Registered Agent	OVADIA SALAMA	
There of the transfer of the t	12751 EL CLAIR RANCH ROAD	
	(Florida street address)	
New Registered Office Address:	BOYNTON BEACH	. Florida 33437
New Registered Office Address.	(City)	(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agent	
I hereby accept the appointment as regist	ered agent. I am familiar with and accept the ob	ligations of the position.
/ 0-		
X U		

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, 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	PT	John Doc			
	X Remove	<u>V</u>	Mike J			
	X Add	<u>sv</u>	Sally Smith			
	Type of Action (Check One)	<u>Title</u>		Name	Address	
	1)Change	PD		SALAMA, ABRAHAM	12751 EL CLAIR RANCH ROAD	
	Add				BOYNTON BEACH, FL 33437	
	X Remove					
	2) Change	PD		SALAMA, OVADIA	12751 EL CLAIR RANCH ROAD	
	X Add		_		BOYNTON BEACH, FL 33437	
	Remove					
	3 ) Change		_			
	Add					
	Remove					
	4) Change					
	Add					
	Remove					
	5) Change					
	Add		_			
	Remove					
	6) Change		_			
	Add					

\_\_ Remove

	ling additional Art heets, if necessary).	(Be specific)			
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f an amendment r	<u>rovides for an exc</u>	hange, reclassifica	<u>ition, or cancellati</u>	on of issued shares.	
	olementing the am	endment if not co	<u>itained in the amei</u>	idment itself:	
provisions for imp	ote, maicate N/A)				
provisions for imp (if not applica					
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	03/14/2019	
The date of each amendment(s) adopt late this document was signed.	ion:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block locument's effective date on the Depart	does not meet the applicable statutory filing requirements, this diment of State's records.	ate will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the shareholders was/were suffici	I by the shareholders. The number of votes east for the amendment ent for approval.	(s)
	ed by the shareholders through voting groups. <i>The following statem</i> h voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for t	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	d by the board of directors without shareholder action and sharehold	ler
☐ The amendment(s) was/were adopted action was not required.	d by the incorporators without shareholder action and shareholder	
03714/2019		
Dated		
Signature	<i>*</i>	
(By a direct selected, by	tor, president or other officer – if directors or officers have not been y an incorporator – if in the hands of a receiver, trustee, or other countiduciary by that fiduciary)	
AB	RAHAM SALAMA	
_ <del></del>	(Typed or printed name of person signing)	
PRI	ESIDENT AND DIRECTOR	

(Title of person signing)