# P19000033012

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•	<u>COVER LETTER</u>
TO: Amendment Section Division of Corpora	·
NAME OF CORPORA	TION: TRIPLE A RESTAURANTGROUP, INC
DOCUMENT NUMBE	R: <u>P19000033012</u>
The enclosed Articles of	Amendment and fee are submitted for filing.
Please return all correspo	ondence concerning this matter to the following:
	Housam Gbara
	TRIPLEA RESTAURANT GROW, INC.
_	6975 ALA SOUTH #4
	St. Augustine, FL 32082
	City/ State and Zip Code
	E-mail address: (to be used for future annual report notification)
	and the total and the farmer annual report notification)
For further information ed	oncerning this matter, please call:
Housam	6 bara 11,914,327-7859
	Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for th	e following amount made payable to the Florida Department of State:
\$35 Filing Fee	S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

Street Address
Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

## Articles of Amendment

to
Articles of Incorporation

TRIPLE A RESTAURANT	GROUP, INC.
	filed with the Florida Dept. of State)
<u> </u>	)12
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	NA PRODUCTION OF THE PRODUCTIO
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A N/A N/A
D. If amending the registered agent and/or registered office address:	
Name of New Registered Agent	<del>1</del>
New Registered Office Address:	$N/\Delta$ $N/A$
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	eith, and accept the obligations of the position.
	egistered Agent, if changing

Check if applicable

 $\Box$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)	Title	Name  Name  Name	Address 204 Hiddenlake Dr
1) Change	1_	1 JUSTUTU U. JUDY	act maderians
Add Remove  2) Change Add	P	Housam Cibara	St. Johns FL 32257 6975 A1A South St. Augustino FL
Remove 3) Change		NA	32080
Add Remove 4) Change Add		MA	ROZZ JU
Remove 5) Change Add		MA	UN 13 PM 1
Remove 6) Change Add		NA	
Remove			

E. If amending or adding additional Articles, enter change(s) here:
· (Attach additional sheets, if necessary). (Be specific)
THE DESIGNATION OF THE CONDUCTION
Will Change from Mustata D. Jabr
whom is being completely
Removed from the reportation
and will be Replaced as poesident
DI HOUSEN COLOR MAC COLOR
is/ Currently listed as the Registered
Figen and the Cro All Martin addressis
WALL DE THE SHINE OLS PRACEPAL
and mailing address of.
675 A14 South #4,5+6-
St. Angustine FL 32080 FE T
<u> </u>
F. 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 MAN)
HOUSAM GDATA WILLOWN 100 10
Housam Gbara Will own 100% of Corporation,

The date of each amendment(s) adoption:	if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date wildocument's effective date on the Department of State's records.	ll not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	i shareholder
☐ 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	TILL IS
by DA SE	ω ! ————————————————————————————————————
(voting group)	3 1
Dated	PH -: 30
(By a director, president or other officer – if directors or officers have not been	<del></del>
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Mustata O. Jabr	
(Typed or printed name of person signing)	
Lesident	
(Title of person signing)	