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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: JUSTICE'S Jarrican Restaurant In				
DOCUMENT NUMBER: P1900065693				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Ehron A Gayle Name of Contact Person				
Justices Jamanan Prestaurant Inc				
1000 Lee Bird unit 301				
Address				
Lehigh Acres FL 33936 City/ State and Zip Code				
City/ State and Zip Code				
P-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Ehron Gayle 1954 789-1787				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				

Mailing Address

□ \$35 Filing Fee

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

□\$43.75 Filing Fee & Certificate of Status

Street Address

□\$43.75 Filing Fee &

Certified Copy (Additional copy is

enclosed)

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certificate of Status

Certified Copy (Additional Copy

is enclosed)

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## Articles of Amendment to Articles of Incorporation of

	Restaurant Inc	
(Name of Corporation as cu	urrently filed with the Florida Dept. of State)	
1210000065693		
(Document Nui	mber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following ame	ndment(s) to
A. If amending name, enter the new name of the corporati	ion:	
NIA	$Th_{i'}$	new
name must be distinguishable and contain the word "corp". "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc., word "chartered," "professional association." or the abbrevi	," or "Co". A professional corporation name must contain	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	, MA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	MA	— — —
D. If amending the registered agent and/or registered office	ce address in Florida, enter the name of the	<u> </u>
new registered agent and/or the new registered office a	address:	30 XX
Name of New Registered Agent		<b>第</b> 第
· (Flo	orida street address)	
No. B. of stand of Grant Advances	. Florida	= Su
New Registered Office Address:	(City) (Zip Code)	古
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai		ONS.
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	<u>PT</u>	John Doe	
X Remove	$\underline{v}$	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>VP</u>	Fayon R. Parke	1000 Lee Bluchunit 30
Add			Lehigh Ares PC3383
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			<u> </u>
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<u>f an amendm</u> provisions fo	<u>ent provides fo</u> r implementin	or an exchange g the amendme	<u>:, reclassificat</u> ent if not con	ion, or cancel ained in the a	<u>lation of issue</u> imendment its	<u>d shares.</u> elf:	
(if not ap	plicable, indica	te N/A)		•			
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 document's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"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 sharehold action was not required.	ler
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 9/26/19	
Signature PRESZDE	VT
(By a director, president or other officer – if directors or officers have not beer selected, by an incorporator – if in the hands of a receiver, trustee, or other countries.	
appointed fiduciary by that fiduciary)	11 (
Ehrn GAUL	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	