Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000019400 3)))



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To:					
	Division of Co	rporations			
	Fax Number	: (850)617-6380			
From:				~>	
	Account Name	: LOLA HOLDINGS CORPORATION	-	202	
	Account Number	: I200 900 00034	<u> </u>		
	Phone	: (954)782-3610			•
	Fax Number	: (954)366-3239			
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**Enter :	the email addres	s for this business entity to be used for	future	AH	5.
ann	ual report mail	ings. Enter only one email address please.	****	===	-
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COR AMND/RESTATE/CORRECT OR O/D RESIGN BOHEMIANS BAR & GRILL CORP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

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Electronic Filing Menu

Corporate Filing Menu

Help

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Check if applicable

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

Articles of Amendment to Articles of Incorporation of

(((E 00 4P10000194 00 3)))

BOHEMIANS BAR & GRILL CORP				
(Name of Corporation as curr	rently filed with the Florida Dept. o	of State)		
P20000025984				
(Document Numb	ber of Corporation (if known)	<u> </u>		
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adop	pts the following	; amendi	ment(s) to
A. If amending name, enter the new name of the corporation	<u>n:</u>			
			The n	ew
name must be distinguishable and contain the word "corporation" Inc.," or Co.," or the designation "Corp." "Inc," or "Co "chartered," "professional association," or the abbreviation "I	". A professional corporation nam	rthe abbreviation ne must contain	n "Corp 1 the wo	ord
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)				
(Mauing uturess MAI BE A POST OFFICE BOX)			202	-
				-
			<u>===</u>	-
D. If amending the registered agent and/or registered office	address in Florida, enter the name	e of the	4	:
new registered agent and/or the new registered office ad-	dress:	öse m	A	
Name of New Registered Agent		μίν	့ ငှာ	
		근걸	: 20	
(Flori	ida street address)		. —	
New Registered Office Address:		Florida		
New negistered Office Address.	(City)	(Zip C	ode)	
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam	Agent: iliar with and accept the obligations	of the position.		
Signature of N	iew 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: (((th21000019400 3)))

(Attach additional sheets, if necessary)

Example:

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 Y. 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.

X Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	ADRIANO SCHIAVONI	1177 FEDERAL HWY
Add			DEERFIELD BEACH, FL 33441
X Remove			
2) Change			
Add			
Remove 3) Change	_		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

If amending or adding additional Articles, enter change(s) here:	(((H21000019400 3))
(Attach additional sheets, if necessary). (Be specific)	
	
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If an amendment provides for an exchange, reclassification, or cancellation	un of icenad chares
provisions for implementing the amendment if not contained in the amen	idment itself:
(if not applicable, indicate N/A)	
	<u> </u>

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 date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ 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)
Dated
(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)
RENAN CARVALHO
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)