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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	TION:					
DOCUMENT NUMBER:		P20000051128				
The enclosed Articles of Amendo	nent and fee are sul	omitted for filing.				
Please return all correspondence	concerning this mat	ter to the following	ng:			
	NEW TAS	STE ISLAND RE	STAURA	NT CORI	ז	
	·	Name of Conta	act Person			
	JEA	NNE LAMERCI	E PIERRE	JEAN		
-		Firm/ Con	npany		<u></u>	
5530 ARNOLD PALMER DR APT 935						
	Address					
		ORLANDO F	L, 32811			
		City/ State and	Zip Code			
		PJEANNE404@	GMAIL.C	ОМ		
E-ma	iil address: (to be us				on)	
For further information concerni		se call:	954)	716-9396	
Name of Contact	Person	at (Area Cod	_ <i>)</i> le & Day1	ime Telephone Number	
Enclosed is a check for the follo		payable to the Fic	orida Depa	rtment of	State:	
	3.75 Filing Fee & rtificate of Status	□\$43.75 Filing Certified Cop (Additional co enclosed)	- oy	Certil Certil (Addi	50 Filing Fee Teate of Status Ted Copy Stional Copy Closed)	
Mailing Addr Amendment S Division of Co P.O. Box 6323 Tallahassee. F	ection orporations 7		Amenda Division The Co 2415 N		orations Fallahassee e Street, Suite 810	

Articles of Amendment to Articles of Incorporation

NEW TASTE'S ISLAND RESTAURANT CORP

(Name of Co	rporation as currently fi	led with the Florida Dept. of St	ate)			
	P20000051	128				
	(Document Number of C	orporation (if known)				
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	, Florida Statutes, this <i>Flo</i>	orida Profit Corporation adopts the	ne following amendment(s			
A. If amending name, enter the new name of NEW TAST	of the corporation: 'E ISLAND RESTAURA'	NT CORP	The new			
name must be distinguishable and contain the v "Inc.," or Co.," or the designation "Corp, "chartered," "professional association," or the	" "Inc," or "Co". A p	npany," or "incorporated" or the rofessional corporation name n	abbreviation "Corp.,"			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		9401 WEST COLONIAL DR				
		UNIT 308				
		OCOEE FL,3476	51			
C. Enter new mailing address, if applicabl (Mailing address MAY BE A POST OFF		5530 ARNOLD PALMER DR				
(<u></u>		APT 935				
	•	ORLANDO FL,32811				
D. If amending the registered agent and/or new registered agent and/or the new reg	registered office addres	s in Florida, enter the name of t	the			
Name of New Registered Agent		MERCIE PIERRE JEAN				
mane of New Neglister Curigan	5530 ARNOLI	PALMER DR APT 935				
	(Florida street					
New Registered Office Address:	ORLA	NDO, Flori	ida			
	(C	ity)	(Zip Code)			
New Registered Agent's Signature, if change I hereby accept the appointment as registered. Check if applicable The amendment(s) is/are being filed pursu	Signature of New Reg	istered Agent, if changing	re position.			

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an 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 = Chie 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	CEO	JUDE JEAN	5530 ARNOLD PALMER DR
Add			APT 935
X Remove			ORLANDO, FL 32811
2) Change	CEO	JEANNE LAMERCIE PIERRE JEAI	5530 ARNOLD PALMER DR
	.		APT 935
Remove 3) Change			ORLANDO, FL 32811
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

<u>If amendin</u> Attach <i>uddi</i>	g or adding a itional sheets.	additional Ai . if necessary)	ticies, enter . (Be speci	fic)	<u>iere</u> :				
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provision	s for implem	ides for an extenting the ar indicate N/A)	nendment if	assification not contain	, or cancella ed in the ar	<u>ition of issu</u> nendment i	ed shares, tself:		
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The date of each amendment(s) ad date this document was signed.	loption:	, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file a	date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing required partment of State's records.	ments, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without sha	areholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the fficient for approval.	e amendment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The foliceach voting group entitled to vote separately on the amend	lowing statement dment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated	07/17/2023	
Signature	Tung	
(By a d selecte	irector, president or other officer – if directors or officers bed, by an incorporator – if in the hands of a receiver, trustee ted fiduciary by that fiduciary)	nave not been e, or other court
	JEANNE LAMERCIE PIERR	E JEAN
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	