P2000094958

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to Filing Officer:		
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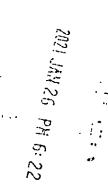


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MAR 1 0 2021

S. YOUNG



COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

	ATION: <u> 1265774U</u>		OL INC	
DOCUMENT NUMBI	er: <u>P200</u> 006	94958	W. 4 	
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all corresp	ondence concerning this ma	tter to the following:		
	TULISSA	ROSADU		
_	TUUSSA ROSADU Name of Contact Person			
	DIM GOV	11116 1500	77-72 ·	
DCM SERVICES CENTER Firm/Company 2529 W BUSCH Blud Ste 1000 Address				
	2529 W	Busch Blug	D 5te 1000	
		Address		
	TAMPA	FI 33618 City/ State and Zip Code	f	
_		City/ State and Zip Code	:	
		vices can be Co sed for future annual report		
For further information	concerning this matter, pleas	se call:		
JU11	SSA RUSADU	at (8/3	1990 8630	
JUIISSA RUSADU at (813) 990 8630 Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:	
Xl S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

οf

RESTAURANT	TE EL	506 ING			
(Name of Corporat	tion as currently	filed with the Florid:	a Dept. of State)		
Pzoc	200094	958			
(Docu	ment Number of C	Corporation (if known)		
Pursuant to the provisions of section 607,1006, Floridits Articles of Incorporation:	la Statutes, this FI	orida Profit Corpora	tion adopts the fol	llowing amend	fment(s) to
A. If amending name, enter the new name of the c	corporation:				
				The i	nzve
name must be distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp," "Inc, "chartered." "professional association," or the abbr	," or "Co". A p	mpany," or "incorpor professional corpora	rated" or the abbrition name must e	eviation "Cor _l	p., "
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET AD</u>					_
				2021	_
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>OX</u>)			JAN 26	. h —
			r	<u> </u>	1 : . k . mi
D. If amending the registered agent and/or registered new registered agent and/or the new registered		ss in Florida, enter t	he name of the	. 22 -	
Name of New Registered Agent					
	tFlorida stree	t address)			
New Registered Office Address:	ıc	(ity)	, Florida	(Zip Code)	
New Registered Agent's Signature, if changing Re	egistered Agent:				
I hereby accept the appointment as registered agent.	I am familiar wii	th and accept the obli	gations of the pos	ition,	
Sign	nature of New Reg	istered Agent, if chan	ging		

Check if applicable

D 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	PT	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	3	Joceiyn Pimer	Hel 10616 missour
X Add			ANC riverview
Remove			F1, 33578
2) Change			
Add			
Remove 3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
·	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
<u> </u>	

	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requiremen partment of State's records.	ts, this date will not be listed as the
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 shareh	older 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 air flicient for approval.	nendment(s)
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
	19-2021	
selecte	rector, president or other officer – if directors or officers have I, by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)	
	OHO Pimente (Typed or printed name of person signing)	
	Pres, don+	
	(Title of person signing)	