## P21000077244

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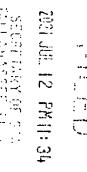
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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ISLAND ROOT I	AVA BAR PORT ST. LU	CIE INC
DOCUMENT NUM	D21000022344		
The enclosed Article	s of Amendment and fee are st	ibmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	JOHN SHEALEY		
		Name of Contact Perso	n
	256 SW PORT ST. LUCIE E	Firm/ Company	
		Address	
	PORT ST LUCIE, FL 34984	City/ State and Zip Cod	e
<sup>2</sup> or further informatio	E-mail address: (to be used) to be used the concerning this matter, plea	sed for future annual report	notification)
JOHN SHEALEY		at (	642-4200
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



ISLAND ROOT KAVA BAR PORT ST. LUCIE INC

2021 JUL 12 PM 11: 34

<del>- 111</del>		
(Name of Corporation	on as currently filed with the Fl	orida Dept. of State), program grant
P21000027244		FALL AHASSEE, TELLS
Docum	ent Number of Corporation (if kr	· · · · · · · · · · · · · · · · · · ·
(170Cuni	entivumber of Corporation (if ki	iown
Pursuant to the provisions of section 607,1006. Florida ts Articles of Incorporation:	Statutes, this Florida Profit Corp	noration adopts the following amendment(s)
A. If amending name, enter the new name of the co	rporation:	
		The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc." "chartered," "professional association," or the abbrev	or "Co". A professional corp	orporated" or the abbreviation "Corp.,"
3. Enter new principal office address, if applicable:	:	
Principal office address <u>MUST BE A STREET ADD</u>		
Enter new mailing address, if applicable:	<b>*</b> 7.	
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	<del></del>
2. If amending the registered agent and/or register new registered agent and/or the new registered of	ed office address in Florida, en	ter the name of the
	THE MALEST	
Name of New Registered Agent	·	
	(Florida street address)	
		, Florida
Now Registered Office Address		. [ ![] [ ] [ ] [ ]
New Registered Office Address:	(Chy)	(Zip Code)

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	PT	John D	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>SV</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change	VP	_	ANTHONY CHILDERS	256 SW PORT ST. LUCIE BLVD
X Add				PORT ST LUCIE, FL 34984
Remove				
2) Change		_		
Add				
Remove Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add			<del></del>	
Remove				<u></u>

strach additional sheets, if necessary).	icles, enter change(s (Be specific)			
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an annuadament musta a financia				
an amendment provides for an exch rovisions for implementing the ame	ange, reclassificatio.	n, or cancellation	of issued shares,	
(if not applicable, indicate N/A)	Milene ii not contai	ned in the amend	unent itseif:	
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				<u></u>

The date of each amendment(s) a date this document was signed.	doption:, 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 be document's effective date on the Do	dock does not meet the applicable statutory filing requirements, this date will not be listed as the spartment of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.
☐ The amendment(s) was/were approximate the separately provided for	proved by the shareholders through voting groups. The following statement 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)
JULY 7, 20 Dated	21 ,
Signature	The state of the s
(By a di solected	rector, president or other officer – if directors or officers have not been  I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	JOHN SHEALEY
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)