P21000074191

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Office Use Only



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OCT 2 5 2021 A RAMSEY

COVER LETTER

Division of Corporations
NAME OF CORPORATION: JZ RESTAURANT Management, INC DOCUMENT NUMBER: P21000074191
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
John Zoyroudis JZ Restaurant Name of Contact Person Management Inc DBA Main Street Diner Firm/ Company Alb Main Street Address Auburndale, FL 33823 City/ State and Zip Code CAPTMAR KOS @ AOL, COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Clay Allen at (407), 488 8455 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:
\$35 Filing Fee

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to

FILED

Articles of Incorporation

	of		2021 OCT 14	
JZ Restaura	ant M	lanaser	void- In	AM 10: 15
(Name of Corporation		ed with the Morida	Dept. of State	21 <u>57475</u>
P210	0007	4191	~ ASE	2.1.000
(Docume	nt Number of Co	rporation (if known)		
Pursuant to the provisions of section 607.1006, Florida 5 its Articles of Incorporation:	Statutes, this <i>Flor</i>	ida Profit Corporati	ion adopts the following	ing amendment(
A. If amending name, enter the new name of the cor	poration:	√/A		TV.
name must be distinguishable and contain the word "cor "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrevi	poration," "comp or "Co". A pro	pany," or "incorpora	ited" or the abbreviai on name must conta	The new tion "Corp.," tin the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	<u>(ESS</u>)	J/A		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>	- 1 -	V/A		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		in Florida, enter th	e name of the	
Name of New Registered Agent N/A				·
	(Florida street a	ddress)		_
New Registered Office Address:			. Florida	
	(City	,		(Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I to		and accept the oblig	ations of the position.	
	WIA			_
Signati	ure of New Regist	tered Agent, if chang	ring	
Check if applicable				

☐ 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)

Remove

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 Do	<u>uc</u>	
X Remove	V Mike Jo	nes	
X Add	SV Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	VP (Jeorge Manarou	1125 (139 Summer View Cir Winter Haven, FL 33880
Remove 2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

(Attach a	<mark>ding or adding</mark> idditional sheet.	s, if necessary)	(Be specifi	<u>nange(s) nere</u> . i <i>c)</i>	=		
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If an an	nondmont neot	ridar for an av	obanua racia	ssification or	cancellation of	issued shares,	
provisi	ions for implen	nenting the an	rendment if n	<u>ssincation, or</u> iot contain <u>ed i</u>	n the amendm	ent itself:	
(if	not applicable,	indicate N/A)					
	$N \cup A$	_					
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• .	
The date of each amendm date this document was sig	
Effective date <u>if applicab</u>	e: 10/8/2021 (no more than 90 days after amendment file date)
	in this block does not meet the applicable statutory filing requirements, this date will not be listed as on the Department of State's records.
Adoption of Amendment	s) (<u>CHECK ONE</u>)
The amendment(s) was/action was not required.	were adopted by the incorporators, or board of directors without shareholder action and shareholder
	were adopted by the shareholders. The number of votes cast for the amendment(s) s/were sufficient for approval.
	were approved by the shareholders through voting groups. The following statement vided for each voting group entitled to vote separately on the amendment(s):
"The number of v	otes cast for the amendment(s) was/were sufficient for approval
by	(voting group)
Dated Signature	10/8/2021
	TOHN ZOUROUD 1S (Typed or printed name of person signing)
	PRESIDENT (Title of person signing)

the

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