## P21000076970

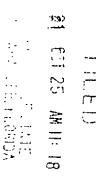
	_		
	(Requestor's Name)		
	(Address)		
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	(City/State/Zip/Phone #)		
PICK-U	P WAIT MAIL		
	(Business Entity Name)		
(Document Number)			
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## **COVER LETTER**

TO: Amendment Se Division of Cor			•
NAME OF CORPO	Dadios Restaurant	t, Inc.	
	IBER: P21000076970		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	Lynelle Zelnar		
	•	Name of Contact Perso	11
	Dadios Restaurant, Inc.		
		Firm/ Company	·
	1971 SW DELMONICO AV		
		Address	
	Port Saint Lucie, Florida 349	953	
		City/ State and Zip Cod	le
	dadiosseafoodandgrill@gmai	il.com	
	E-mail address: (to be us	sed for future annual report	t notification)
For further informati	on concerning this matter, plea	se call:	
Lynelle Zelnar		305	896-6853
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:
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)
	ailing Address		Address
Amendment Section		Amendment Section	
Division of Corporations		Division of Corporations The Centre of Tallahassee	
	D. Box 6327	•	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## **Articles of Amendment Articles of Incorporation** of

Dadios Restaurant, Inc.			
(Name o	of Corporation as current	y filed with the Florida Dept. of Sta	ite)
P21000076970			
	(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the	e following amendment(s) to
A. If amending name, enter the new na	ime of the corporation:		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	lorp," "Inc," or "Co". 🗵	A professional corporation name mi	abbreviation "Corp.,"
B. Enter new principal office address, (Principal office address MUST BE A S	<u>if applicable:</u> TREET ADDRESS )		
C. Enter new mailing address, if applications (Mailing address MAY BE A POST)	•		22
D. If amending the registered agent an new registered agent and/or the new	nd/or registered office add	ress in Florida, enter the name of the	he 255
new registered agent and/or the nex	Lynelle Zelnar	<u></u>	単の
Name of New Registered Agent	1386 SW Empire Street		<del>- 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 10</del>
	(Florida st	reet address)	<del></del>
N. D. C. LOW. Address.	Port Saint Lucie	, Floric	34983
New Registered Office Address:		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agen tered agent. I am familiar	t <u>:</u> with and accept the obligations of the	position.
	Signature of New I	Zelve Registered Agent, if changing	

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)

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 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.

X Change	<u>PT</u> John	<u>Doc</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	Treasure	Lynelle Zelnar	1386 SW Empire Street
X Add	<del>.</del>		Port Saint Lucie, FL 34983
Remove			
2) Change	<u>S</u>	Levi Zelnar	1386 SW Empire Street
Add			Port Saint Lucie, FL 34983
X Remove 3) Change	S	Bryson Baggett	Port Saint Lucie, FL 34983
Add			
X Remove			
4) Change			
Add			
Remove			-
5) Change			
Add			
Remove			
6) Change			<del></del>
Add			
Remove			

	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
- amondment provides for an exc	change reclassification or cancellation of issued shares.
n amendment provides for an exc	change, reclassification, or cancellation of issued shares.
ovisions for implementing the am	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
n amendment provides for an exc ovisions for implementing the am (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
ovisions for implementing the am	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
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ovisions for implementing the am	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:

The date of each amendment(s) ad	option:	, if other than th
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date partment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder action	n and shareholder
■ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statemer each voting group entitled to vote separately on the amendment(s):	ıt .
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by 4-0	<del>-</del>	
· · · · · · · · · · · · · · · · · · ·	(voting group)	
Dated	10/20/21	
	21/////	
Signature(By a di	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ed fiduciary by that fiduciary)	
	Michael Zelnar	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	