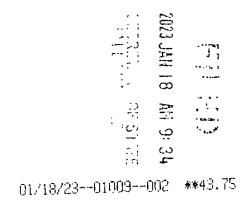
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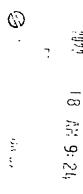
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A. BUTLER
JAN 18 2023

COVER LETTER

TO: Amendment Section Division of Corporations	p
NAME OF CORPORATION: SANM BARBARN STEAKHOUSE	Con
DOCUMENT NUMBER: P 2/000/0436V	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
EDWAND ROOVE Name of Contact Person SALTA BRANCO (). NAVI
SANTA BARBARA STEAK HOUSE C SECONDARY BRONGO MOMON	rd th
Address C. 34743 City/ State and Zip Code	
E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification)	M
For further information concerning this matter, please call:	
ED WAR ROOK at (321, -314-5076) Name of Contact Person Area Code & Daytime Telephone Number	
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:	
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional Copy is enclosed)	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303	

Articles of Amendment

to Articles of Incorporation

Articles of Incorporation
SANTA BARBARA STEAK House Corp
(Name of Corporation as currently filed with the Florida Dept. of State)
P- 21000 104368
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation." "company." or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) #310 ONCANIN FL. 3232/
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 8600 W. Inlu Bronson, Meanoxin / flu
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent EDUAR DU BANIJU ECOO W: Telecoo Baniful Mollotin
SECO W. INCO BRONSON MOHORING (Florida street address) HOUY New Registered Office Address: (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Signature of New 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)

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> <u>Mike Jones</u>
X Add	SV Sally Smith
Type of Action (Check One)	Title Name Address
1) <u>\</u> Change	PT EDUANDO BACINO 6636 Mission Club Building 9 H 310 Bluel
Add	Building 9 H 310
Remove	URLANCO Pl. 3282/
2) Change	V EDWARD ROOMS 5654 CHIPULA CR
_X Add	Untrach CC 32435
Remove 3) Change	P ARUAL DO SERIO - 2/21 He Cong Rd
Add	18 301 ORLANDO FE 32 f G
Remove	ORLANDO FE 32705
4) Change	
Add	
Remove	
5)Change	
Add	
Remove	
6) Change	
Add	
Remove	

ttach additional shee	ts, if necessary). (Be specific)			
				
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an amendment pro	vides for an exchange, reclassi	fication, or cancella	tion of issued shares,	
	menting the amendment if not			
(у поп аругасате,	, macute .1721)			
5/2 %	SHARES	Til	EDUA	01V BA
30 /6	2////	PUR	C D0/4;	TEN WY.
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The date of each amendment(s) adoption: NOVOMBER / 2022, if other than induct this document was signed
date this document was signed.
Effective date if applicable: NOVAN BEN / ZOW (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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 PCKOGUE ED WAND ROQUE
(voting froup)
Dated 1-18-2023
Signature CLOQUE
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
V. PRCSI dont
(Title of person signing)