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COR AMND/RESTATE/CORRECT OR O/D RESIGN LRST ENTERPRISES INC

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COVER LETTER

TO: Amendment Sec Division of Cor						
NAME OF CORPO	RATION: LRST ENTERPR	ISES INC				
DOCUMENT NUM	P2200001 2865	· - · · · · · · · · · · · · · · · · · ·				
The enclosed Article	s of Amendment and fee are st					
Please return all corn	espondence concerning this ma	atter to the following:				
	LOVETTE DOBSON					
		Name of Contact Perso	in			
				<u>()</u>	202Կ	
	17350 STATE HWY 249 ST	Firm: Company E 220		ALLA	FEB (77 27
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	EFILE1234@INCFILE.COM	1		끝펉	50	
	E-mail address: (to be u	sed for future annual repor	notification)			
For further information	on concerning this matter, plea	se call:				
LOVETTE DOBSOS	×.	at (888-462-3453			
Name of Contact Person		Area Ce	388-462-3453 ide & Daytime Telephone Nur	nbei		
Enclosed is a check fi	or the following amount made	payable to the Florida Dep	artment of State:			
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Am Div P.O	iling Address condiment Section rision of Corporations 9. Box 6327 lahassee, FL 32314	Amend Division The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, F1, 32303)		

Articles of Amendment to Articles of Incorporation of

LRST ENTERPRISES INC (Name of Corporation as currently filed with the Florida Dept. of State) P22000012865 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: LEX N ROLL SUSHI AND THAI INC. The new name must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation 😸 orp., "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation nome must contain 🖼 word "chartered," "professional association," or the abbreviation "PA. 2698 Crawfordville Hwy Unit B B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Crawfordville: FL 32327 C. Enter new mailing address, if applicable: 2698 Crawfordville Hwy Unit B (Mailing address MAY BE A POST OFFICE BOX) Crawfordville , FL 32327 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 (Florida street address)

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

Thereby accept the appointment as registered agent. Tam 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.

(Zip Code)

Example:

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 Doc 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	. 21	
X Add	<u>SV</u> <u>Sall</u>	c Smith	7ALI	;
Type of Action (Check One)	Title	<u>Name</u>	2024 FEB 29 TALL AHA Address	
1) X Change	P. D	Lexic Přister	52 Nine Gables Lane	
Add			Crawfordville, F1, 32,727/ 99	L
Remove			100 P	
2) X Change	D.S.TR	Rex Pfister	52 Nine Gables Ln	
Add			Crawfordville, FL 32327	
Remove 3.) Change	D. VP	Bussarin Tongprakrong	62 Country Way	
X Add			Crawfordville, FL 32327	
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6)Change				
Add				
Remove				

ttach additional sheets, if necessary) — (Be specific)	
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an amendment provides for an exchange, reclassification, or cancellation of issued rovisions for implementing the amendment if not contained in the amendment itse	<u>shares,</u> of:
(if not applicable, indicate NA)	
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The date of each amendment(s) addate this document was signed.	loption:		, it out	er man die
Effective date if applicable:	(no more than 90	days after amendment file date)		_
Note: If the date inscrited in this b document's effective date on the De	lock does not meet the applica partment of State's records.	ble statutory filing requirements,	this date will not be li	sted as the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were add action was not required.	opted by the incorporators, or be	oard of directors without sharehol	der action and sharehold	ier
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The fficient for approval.	number of votes cast for the ame	ndment(s)	
☐ The amendment(s) was/were approvided for	proved by the shareholders thro each voting group entitled to v	ugh voting groups. The following of eseparately on the amendment	ş statement (s):	
"The number of votes cast	for the amendment(s) was/wer	e sufficient for approval		
by	(voting group)		202	
02/27/2024 Dated	Lexie Printer	er – if directors or officers have n hands of a receiver, trustee, or of	77 JALLAHASSEE FL other court	
	Lexic Pfister			
	(Typed or printed i	iame of person signing)		_
	President			
	(Title of person sig	ning)		