Division of Corporations Electronic Filing Cover Sheet

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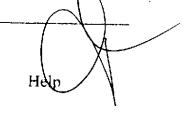
To:			
	Division of Co	rporations	(
	Fax Number	: (850)617-6380	.`
From:			
	Account Name	: FASTKIT CORP	1
	Account Number		ت د
	Phone	: (305)599-0839	_
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*Enter t ann	che email address ual report maili	for this business entity to be used for future ngs. Enter only one email address please.**	03
Ema	il Address:		

COR AMND/RESTATE/CORRECT OR O/D RESIGN ALM RESTAURANT & BAKERY CORP

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Corporate Filing Menu



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4/8/2023 7:36:49 AM PAGE 1/001 Fax Server



April 5, 2023

FLORIDA DEPARTMENT OF STATE

Division of Corporations

ALM RESTAURANT & BAKERY CORP 3660 N 56TH AVE BOLLYWOOD, FL 33021US

HOLLEWOOD, FL 3302108

SUBJECT: ALM RESTAURANT & BAKERY CORP

REF: P23000019246

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please list a date of adoption.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline FAX Aud. #: H23000127857

Regulatory Specialist II Supervisor Letter Number: 523A00007784

Articles of Amendment to Articles of Incorporation

	ALM RESTAURANT	F & D & VED V / YADD	
(Name		itly filed with the Florida Dept. of Stat	0.3
	P230000		<u>e</u>)
	(Document Number	of Cerporation (if known)	
ursuant to the provisions of section 507 Articles of Incorporation If amending name, enter the new r		s Florida Profit Corporation adopts the	following amendmen
			77
ome must be distinguishable and comai inc.," or Co.," or the designation " chartered," "professional association,	Corp." "Inc." or "Co".	"company," or "incorporated" or the ab A professional corporation name miss	The new-breviation "Corp" t contain the word
Enter new principal office address.	, if applicable:	6622 STIRLING RD	1 2.3
Principal office address MUST BE A S	TREET ADDRESS)	HOLLYWOOD, FL 13024	22
			·
Enter new mailing address, if appl (Mailing address MAYBE A POST	icable: OFFICE BOXI	6622 STIRLING RD	en En
		HOLLYWOOD, FL 33624	سجيد ت
			03
If amending the registered agent ar	nd/or registered office add	ress in Florida, enter the name of the	
new registered agent and/or the ne-	w registered office address	s:	
Name of New Registered Agent	OSCAR ALARCON		
	6622 STIRLING RD		
•	(Florida su	rees address)	
New Registered Office Address:		YWOOD, Florida	33024
• • • • • • • • • • • • • • • • • • •		(City)	(Zip Code)

Li 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>	Mike Igues		
_X Add	<u>5\'</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
)) X Change	P	OSCAR ALARCON	6622 STIRLING RD	2ũ
Add			HOLLYWOOD, FL 33024	2002 5
Remove			60% SHARES	
2) X Charge	T,S	MARIA MALAVER	6622 STIRLING RD	[
Add			HOLLYWOOD, FL 33024	=======================================
Remove 3) Change			40% SILARES	0.3
Add				· · · · · · · ·
Remove				
4)Change				
Add			-	
Remove				
5) Change		-		
Add				
Remove				<u>-</u>
6)Change				
Add			** ***********************************	
Remove				····

(Attach c	dditional sheets,	if necessary).	cles, enter change(s) (Be specific)			
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						9
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f an amer provision	idment provide	s for an exchar	nge, reclassification, lment if not containe	or cancellation o	fissued shares,	
(if no	applicable, ind	icate N/A)	THE TOTAL TOTAL	u to the amendu	ient itsett:	
AR ALA	RCON - PRESII	DENT / AGENT	T - 60% SHARES			
IAM AIS	AVER - TREAS	SURER / SECR	ETARY - 40% SHAP	ES	•	·
			10/4-10			
						· · · · · · · · · · · · · · · · · · ·
_						
			·			

The date of each amendment(s) date this document was signed.	adoption: 4/5/2023	, if other than th
Effective date if applicable:		
	(no more than 90 days after amondment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date with Department of State's records.	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were as action was not required.	dopted by the incorporators, or board of directors without shareholder action an	d sharehoider
The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
The amendment(s) was/were ap must be separately provided fo	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	20%
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	5
",	(voting group)	. :
		. 10: 03
Dated	4/5/2023	0,
Signature (By 2 c	Irrector, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	—
	OSCAR ALARCON	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	