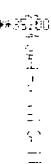


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01/03/24--01042--006 **35]}



COVER LETTER

TO: Amendment Section **Division of Corporations**

> P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPO	ORATION: Matt's Diner, Inc.		
	IBER: P23000086310		
	s of Amendment and fee are su	abmitted for filing.	
Please return all corr	espondence concerning this ma	itter to the following:	
	Matthew Brady		
		Name of Contact Person	1
		Firm/ Company	
	1813 8th Avenue East		
		Address	
	Bradenton, FL 34208		
		City/ State and Zip Code	
	mattsdinerfl@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
Matthew Brady		941 at (_	209-9099
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	irlment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address ment Section n of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

	dirently inco with the Plo	rida Dept. of State)
P23000086310		
(Document Nu	umber of Corporation (if kno	own)
Pursuant to the provisions of section 607.1006, Florida Statut ts Articles of Incorporation:	tes, this <i>Florida Profit Corp</i>	oration adopts the following amendmen
A. If amending name, enter the new name of the corpora	tion:	
		The new
name must be distinguishable and contain the word "corporat "Inc.," or Co.," or the designation "Corp," "Inc," or " "chartered," "professional association," or the abbreviation	Co". A professional corp	porated" or the abbreviation "Corp.," oration name must contain the word
3. Enter new principal office address, if applicable:		
Principal office address MUST BE A STREET ADDRESS		
-		
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)		
		 -
) If in		
 If amending the registered agent and/or registered offi 	<u>ice address in Florida, ente</u> address:	r the name of the
— Dew registered agent and/or the new registered office of		
new registered agent and/or the new registered office a		
N		
M		
Name of New Registered Agent		
Name of New Registered Agent (Flo		
Name of New Registered Agent	orida street address)	, Florida
Name of New Registered Agent (Flo		
Name of New Registered Agent (Flo	orida street address)	, Florida
Name of New Registered Agent (Floor New Registered Office Address:	orida street address) (City)	, Florida
Name of New Registered Agent (Floor New Registered Office Address: [Sew Registered Agent's Signature, if changing Registered]	orida strect address) (City) Agent:	, Florida (Zip Code)
Name of New Registered Agent (Floor New Registered Office Address: ew Registered Agent's Signature, if changing Registered	orida strect address) (City) Agent:	, Florida (Zip Code)
Name of New Registered Agent (Floor New Registered Office Address: ew Registered Agent's Signature, if changing Registered	orida strect address) (City) Agent:	, Florida (Zip Code)
Name of New Registered Agent (Floor New Registered Office Address:	orida strect address) (City) Agent:	, Florida (Zip Code)
Name of New Registered Agent (Flow New Registered Office Address: Sew Registered Agent's Signature, if changing Registered the appointment as registered agent. I am factorises	orida street address) (City) Agent: miliar with and accept the o	, Florida, (Zip Code) (Zip Code) bligations of the position.
Name of New Registered Agent (Floor New Registered Office Address: ew Registered Agent's Signature, if changing Registered the appointment as registered agent. I am fa	orida strect address) (City) Agent:	, Florida, (Zip Code) (Zip Code) bligations of the position.
Name of New Registered Agent (Flow New Registered Office Address: New Registered Office Address	orida street address) (City) Agent: miliar with and accept the o	, Florida, (Zip Code) (Zip Code) bligations of the position.

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	<u>PT</u>	John Doc		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	S	Angela Smith	27050 Gill Road	
X Add			Myakka City, FL 34251	
Remove				
2) Change				
Add				
Remove Change				
Add				र्नेन र
Remove				.1
4) Change				<u>.</u> .
Add				·
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

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an amendment provid provisions for implement	nting the amendment if	not contained in the	mendment itself:		
(if not applicable, in	dicate N/A)				
-			<u> </u>		:
			· .	· <u> </u>	

12/20/2023
The date of each amendment(s) adoption:, if other than the date this document was signed.
Effective date if applicable:
(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 the 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
by
12/21/2023
Dated
Signature Mitter
(By a director, president or other officer of 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)
(Typed or printed name of person signing)
President
(Title of person signing)