P95000019293

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COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: NEW RANDY'S, I	INC.				
DOCUMENT NUM	PO\$000010203					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	LEE MONDESIR					
		Name of Contact Persor	1			
	NEW RANDY'S INC					
	Firm/ Company					
	13420 NW 7 AVENUE					
	Address					
	NORTH MIAMI, FL 33168					
	City/ State and Zip Code					
	randvsrestaurantlounge@gmail.com					
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	on concerning this matter, pleas	se call:				
LEE MONDESIR		at (357-2503			
Name of Contact Person		Area Code & Daytime Telephone Number				
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)			
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303			

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Articles of Amendment to Articles of Incorporation of

NEW RANDY'S, INC.

(Name of Corporation	as currently filed with the I	Florida Dept. of State)
95000019293		
(Documen	nt Number of Corporation (if)	known)
ursuant to the provisions of section 607.1006, Florida Se s Articles of Incorporation:	tatutes, this Florida Profit Ca	prporation adopts the following amendment(s
a. If amending name, enter the new name of the corp	oration:	
		The new
ame must be distinguishable and contain the word "corp Inc.," or Co.," or the designation "Corp," "Inc," o chartered," "professional association," or the abbrevia	or "Co". A professional co	
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDR</u>	<u>ESS</u>)	
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
	- ,	
). If amending the registered agent and/or registered	t office address in Florida .	anter the name of the
new registered agent and/or the new registered off		ANCE THE HAIRE OF THE
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Regist		
hereby accept the appointment as registered agent. I a	im familiar with and accept th	he obligations of the position.
Signatu	ire of New Registered Agent, i	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>	Mike Jones			
<u>X</u> Add	<u>\$V</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s		
1) Change	<u>S</u>	MONDESIR, JEFFY	13420 NW 7 AVENUE		
Add			NORTH MIAMI, FL 33168		
X Remove					
2) Change		MONDESIR, JOHNNY	13420 NW 7 AVENUE		
Add			NORTH MIAMI, FL 33168		
X Remove		MANUSCOLD MEDI	13420 NW 7 AVENUE		
3) Change		MONDESIR, NEIL	NORTH MIAMI, FL 33168		
Add					
X Remove			<u> </u>		
4) Change		MONDESIR, BETSY	13420 NW 7 AVENUE		
Add			NORTH MIAMI, FL 33168		
X Remove					
5) Change		MONDESIR, JENSEN	13420 NW 7 AVENUE		
Add			NORTH MIAMI, FL 33168		
X Remove					
6)Change					
Add					
Remove					

	<mark>ling or adding ad</mark> dditional sheets, if	f necessary).	(Be specific)				
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							<u>-</u>
					<u>-</u>		
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f an ami	endment provide	e for an archa	nna raalacsifi	cation or can	allation of issue	ad charac	
provisio	ons for implement	ting the amen					
(if n	wt applicable, ind	licate N/A)					
						· · · · · · · · · · · · · · · · · · ·	
							
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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 dat document's effective date on the Department of State's records.	e will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action action was not required.	n and shareholder
☐ 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):	nt
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
Dated	
Signature Pan R. Pondes L	
(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	
JEAN MONDESIR	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	

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