## P960000 31903

(Re	equestor's Name)	<u> </u>		
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C. CARROTHERS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: FRENCH QUART	TER HOLDINGS, INC.		
DOCUMENT NUME	BER: P960000 31463			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	RICHARD DITTMYRE			
•		Name of Contact Person	n	
	FRENCH QUARTER HOLDINGS, INC			
		Firm/ Company		
,	3429 JOG PARK DRIVE			
	Address			
	GREENACRES, FL 33467			
		City/ State and Zip Cod	e	
RDIT	TMYRE@FRENCHQUART	ERHOSPITALITY.COM		
	E-mail address: (to be us	sed for future annual report	notification)	
•				
For further information	n concerning this matter, pleas	se call:		
RICHARD DITTMY	RE .	at ( 404	263-2166	
Name o	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Bassee, FL 32301	

## **Articles of Amendment** to **Articles of Incorporation**

	10		•		
FRENCH QUARTER HOLDINGS, INC.					
(Name of Corporation as o	currently filed with the Flo	orida Dept. of State)			
P960000139 03					
(Document	Number of Corporation (if	known)			
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this $\emph{F}$	lorida Profit Corporation ado	pts the following	amendr	ज
A. If amending name, enter the new name.	ne of the corporation:				HAR 2
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designa word "chartered," "professional associati	tion "Corp," "Inc," or "C	o". A professional corporati			
B. Enter new principal office address, if (Principal office address MUST BE A ST		N/A		NOA NOBE	29
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O		3429 JOG PARK DRIVE			
		GREENACRES, FL 33467	<del></del>		i
D. If amending the registered agent and new registered agent and/or the new		ss in Florida, enter the name	of the		
Name of New Registered Agent					
-	(Florida stree	et address)			
New Registered Office Address:	(City)	, Florida	(Zip Code)		
New Registered Agent's Signature, if ch	anging 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

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u> .	Address
1) Change	D	CHARLES T. PYLES	3443 KINGSBORO RD NE
Add			SUITE 2313
Remove			ATLANTA, GA 30326
2) Change	D	SHOSHANNA BEN-ZUR	3443 KINGSBORO RD NE
Add			SUITE 2313
Remove			ATLANTA, GA 30326
3) Change	D	RICHARD DITTMYRE .	3429 JOG PARK DRIVE
Add			GREENACRES, FL 33467
Remove			
4) Change			
Add			<b>.</b>
Remove			
5) Change			
Add		•	
Remove			
O Characa		•	
6) Change			
Add			
Remove			•

I/A		(Be specific)
		·
• • • •	· · · · · · · · · · · · · · · · · · ·	The statement of the st
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lf ar	n amendment provides for an exchar ovisions for implementing the amend	nge, reclassification, or cancellation of issued shares, lment if not contained in the amendment itself:
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	n amendment provides for an exchar ovisions for implementing the amend (if not applicable, indicate N/A)	nge, reclassification, or cancellation of issued shares, lment if not contained in the amendment itself:

The date of each amendment(s) adoption: MARCH 24, 2015 date this document was signed.		
	 MARCH 24, 2015	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s)	(CHECK ONE)	
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.	
	erc approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	٠
☐ The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
Dated_MAI Signature_	RCH 24, 2015	
(I	By a director, president or other officer – if directors or officers have not been elected, by an incorporator — if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	_
	RA'ANAN BEN-ZUR	
	(Typed or printed name of person signing)	
	PRESIDENT/DIRECTOR	
	(Title of nerson signing)	