

P97000094608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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14 DEC -8 PM 2:04  
TALLAHASSEE, FLORIDA

*And*  
DEC 11 2014

R. WHITE

*Law Offices of*  
*Steven Michael LaBret, P.A.*

*130 Pasadena Place*  
*Orlando, Florida 32803*

LL.M. IN TAXATION  
ALSO ADMITTED IN LOUISIANA  
AND MICHIGAN BARS

PHONE # (407) 422-5819  
FAX # (321) 236-6618  
E-MAIL: Labretpa@cfl.rr.com

December 4, 2014

Florida Dept. of State  
Amendment Section  
Div. of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

Re: **ATM Restaurant Management, Inc. d/b/a**  
**IHOP Restaurant Store (No: 3654)**  
**1715 W. Vine St.**  
**Kissimmee, FL 34741**

**Our Client: ATM Restaurant Management, Inc.**  
**Our File No: 1267-D-002 (Darwish)**

Dear Sir/Madam:

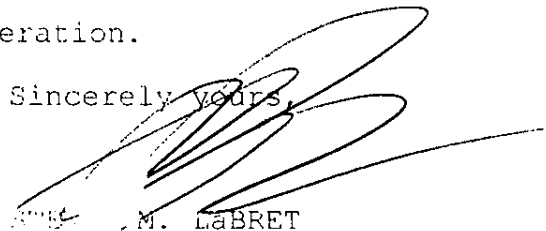
Enclosed are the following:

1. Check for \$35.00
2. Amendment to Articles of Incorporation

Please send copies of recorded documents to the undersigned.

Thank you for your anticipated cooperation.

Sincerely yours,



STEVEN M. LABRET

SML/ao  
Encls.

Articles of Amendment  
to  
Articles of Incorporation  
of

ATM RESTAURANTS MANAGEMENT, INC.

FILED  
14 DEC -8 PM 2:04

(Name of Corporation as currently filed with the Florida Dept. of State)

P97000094608

(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:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
(Principal office address **MUST BE A STREET ADDRESS**)

1715 W. VINE STREET  
KISSIMMEE, FL 34741

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

1715 W. VINE STREET  
KISSIMMEE, FL 34741

**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 Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**New Registered Agent's Signature, if changing 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.

**Example:**

X Change                      PT      John Doe

X Remove                      V      Mike Jones

X Add                              SV      Sally Smith

| Type of Action<br>(Check One)                 | Title      | Name                 | Address                    |
|---|------------|----------------------|----------------------------|
| 1) <input checked="" type="checkbox"/> Change | <u>P/T</u> | <u>AHMED DARWISH</u> | <u>1715 W. VINE STREET</u> |
| <input type="checkbox"/> Add                  |            |                      | <u>KISSIMMEE, FL 34741</u> |
| <input type="checkbox"/> Remove               |            |                      |                            |
| 2) <input type="checkbox"/> Change            | <u>V</u>   | <u>TAREK FAYED</u>   | <u>1715 W. VINE STREET</u> |
| <input type="checkbox"/> Add                  |            |                      | <u>KISSIMMEE, FL 34741</u> |
| <input checked="" type="checkbox"/> Remove    |            |                      |                            |
| 3) <input type="checkbox"/> Change            |            |                      |                            |
| <input type="checkbox"/> Add                  |            |                      |                            |
| <input type="checkbox"/> Remove               |            |                      |                            |
| 4) <input type="checkbox"/> Change            |            |                      |                            |
| <input type="checkbox"/> Add                  |            |                      |                            |
| <input type="checkbox"/> Remove               |            |                      |                            |
| 5) <input type="checkbox"/> Change            |            |                      |                            |
| <input type="checkbox"/> Add                  |            |                      |                            |
| <input type="checkbox"/> Remove               |            |                      |                            |
| 6) <input type="checkbox"/> Change            |            |                      |                            |
| <input type="checkbox"/> Add                  |            |                      |                            |
| <input type="checkbox"/> Remove               |            |                      |                            |

**E. If amending or adding additional Articles, enter change(s) here:**

(Attach additional sheets, if necessary). (Be specific)

[illegible]

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

(if not applicable, indicate N/A)

[illegible]

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)

Adoption of Amendment(s) (CHECK ONE)

☒ 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 \_\_\_\_\_."  
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 12/2/14

Signature

Ahmed  
(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)

Ahmed Darwish

\_\_\_\_\_  
(Typed or printed name of person signing)

president

\_\_\_\_\_  
(Title of person signing)