(Re	questor's Name)	<u>·</u>
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





10/29/10--01034--017 **43.75





COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPO	ORATION:	Paradiso Pass-A-Grille,	Inc.
DOCUMENT NU	MBER:	P99000076535	
The enclosed Articl	es of Amendment and fee	are submitted for filing.	
Please return all cor	respondence concerning the	his matter to the following:	
_		Susan M. Helms	
		Name of Contact Person	
_	Susan I	M. Helms, Attorney at Law	
		Firm/ Company	
	53	0 - 49th Street South	
		Address	
_		Petersburg FL 33707	
		City/ State and Zip Code	
	metz E-mail address: (to be us	tler911@aol.com sed for future annual report notification)	
For further informat	ion concerning this matter	r, please call:	<i>i</i> 3
	•	•	92-5601
Name o	of Contact Person	Area Code & Daytime Tel	lephone Number
Enclosed is a check	for the following amount	made payable to the Florida Depar	tment 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 Ad Amendment		Street Address Amendment Section	

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment Articles of Incorporation

Paradiso Pass-A-Grille, Inc.

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

P99000076535

•	Articles of Amendment to	and a
	Articles of Incorporation	879
•	of	and the second
Paradis	so Pass-A-Grille, Inc.	Dept. of State)
	currently filed with the Florida D	Dept. of State)
F	P99000076535	TE PO
(Document	t Number of Corporation (if known)
rsuant to the provisions of section 607 endment(s) to its Articles of Incorporati		ida Profit Corporation adopts the
If amending name, enter the new nar	me of the corporation:	
		The
breviation "Corp.," "Inc.," or Co.," o	or the designation "Corp," "Inc," "professional association," or the	or "Co". A professional corpora abbreviation "P.A."
breviation "Corp.," "Inc.," or Co.," o me must contain the word "chartered," Enter new principal office address, if rincipal office address MUST BE A ST Enter new mailing address, if applic (Mailing address MAY BE A POST O	"professional association," or the fapplicable: FREET ADDRESS) cable: OFFICE BOX) . Mor registered office address in F	e abbreviation "P.A."
If amending the registered agent and	"professional association," or the fapplicable: FREET ADDRESS) cable: OFFICE BOX) . Mor registered office address in F	e abbreviation "P.A."
breviation "Corp.," "Inc.," or Co.," o me must contain the word "chartered," Enter new principal office address, if rincipal office address MUST BE A ST Enter new mailing address, if applic (Mailing address MAY BE A POST O) If amending the registered agent and new registered agent and/or the new	"professional association," or the fapplicable: FREET ADDRESS) Cable: OFFICE BOX Alor registered office address in Faregistered office address:	lorida, enter the name of the
breviation "Corp.," "Inc.," or Co.," one must contain the word "chartered," Enter new principal office address, if rincipal office address MUST BE A ST Enter new mailing address, if applic (Mailing address MAY BE A POST O) If amending the registered agent and new registered agent and/or the new	"professional association," or the fapplicable: FREET ADDRESS) Cable: OFFICE BOX I/or registered office address in Faregistered office address: Michael Metzler	lorida, enter the name of the
breviation "Corp.," "Inc.," or Co.," o me must contain the word "chartered," Enter new principal office address, if rincipal office address MUST BE A ST Enter new mailing address, if applic (Mailing address MAY BE A POST O) If amending the registered agent and new registered agent and/or the new Name of New Registered Agent:	"professional association," or the fapplicable: TREET ADDRESS) Cable: OFFICE BOX) . Mor registered office address in Faregistered office address: Michael Metzler 545 Pinellas Bayway S.	lorida, enter the name of the

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>D</u>	Suzanne J Wesson	104 8th Ave Pass-A-Grille FL 33706	
<u>D</u>	Michael S. Metzler	104 8th Ave Pass-A-Grille FL 33706	
<u>P</u>	Michael S. Metzler	104 8th Ave. Pass-A-Grille FL 33706	✓ Add Remove
(allach ad	dditional sheets, if necessary). (Be s	necific)	
<u>provisi</u>	mendment provides for an exchange, ons for implementing the amendmen ot applicable, indicate N/A)		

The date of each amendmen	nt(s) adoption: 10-28-18
Effective date if applicable:	(date of adoption is required) 9/30/2010
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
	rere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere 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)
	(voting group)
The amendment(s) was/w action was not required.	rere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/w action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated	10-28-2010
Signature _	Muchael Metyle 10/28/2010
(B se	by a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Michael S. Metzler
	(Typed or printed name of person signing)
	Director / President
	(Title of person signing)