P08 000057121

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: AIR CATE	RING INTERNAT	FIONAL INC	
DOCUMENT NUM	BER: P0800005712	1		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	JULIO A. TOLED	0		
		Name of Contact Person	l	
	AIR CATERING I	NTERNATIONA	L INC	
		Firm/ Company	·	
	455 EAST OKEE	CHOBEE RD		
		Address		
	HIALEAH FL 330	10		
		City/ State and Zip Code	2	
	INFO@FLAGLER	RAGENCY.COM	1	
	<u> </u>	sed for future annual report		
For further information	on concerning this matter, pleas	se call:		
JULIO A. TO	LEDO	at (954	801-5422	
Name of Contact Person		at (954) 801-5422 Area Code & Daytime Telephone Number		
Enclosed is a check f	or 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)	
	iling Address		Address	
	nendment Section vision of Corporations	Amendment Section Division of Corporations		
	D. Box 6327		Building	
Та	lahassee, FL 32314	2661 E	executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

AIR CATERING INTERNATIONAL INC

(Name of C	Corporation as currently filed with the Florida Dept. of State)
08000057121	
	(Document Number of Corporation (if known)

nt(s) to

·	it Number of Corporation (if i			
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Fl</i>	orida Profit Corporation a	dopts the follov	ving amendme
A. If amending name, enter the new na	me of the corporation:			
N/A				The new
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co	o". A professional corpor	orated" or the ation name mu	abbreviation ist contain the
B. Enter new principal office address, (Principal office address MUST BE A S		N/A		
			··· ··	
			्र के सर्व (स्था) - हैर	<u></u>
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		N/A		
				24
D. If amending the registered agent an	d/or registered office addre	ss in Florida, enter the na	me of the	## ID: 35
new registered agent and/or the new	w registered office address:			
Name of New Registered Agent	JULIO A. TOLED	0	- <u>*</u>	<i>≅ધઃ</i> ઝેં
	455 EAST OKEE	CHOBEE RD	•#	
	(Florida stree		-	
New Registered Office Address:	HIALEAH	, Florida	33010	
	(City)		(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent:	the and account the obligation	ur of the monitiv	211
Thereby accept the appointment as regist	iderea agem. Tam jaminar wi	in and accept the ooliganor	as of the positio	m.
/ / / 3	and with	104	-	

/ Signature of New Registered Agent, if changing

If amending the Officers and/or Director's, 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.

<u>X</u> 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>	<u>Addres</u> s
1) Change	Р	ANZOLA, MARTHA	455 EAST OKEECHOBEE RD
Add			HIALEAH FL 33010
X Remove			
2) Change	Р	TOLEDO, JULIO A.	455 EAST OKEECHOBEE RD
X			HIALEAH FL 33010
Remove			
3) Change	VP	TOLEDO, MARTHA	455 EAST OKEECHOBEE RD
XAdd			HIALEAH FL 33010
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	 -		
Remove			

E. If amending or adding additional Articles, (Attach additional sheets, if necessary). (Be	enter change(s) here: specific)
NEW REGISTERED AGENT	: JULIO A. TOLEDO
NEW PRESIDENT:	JULIO A. TOLEDO
NEW VICEPRESIDENT:	MARTHA TOLEDO
REMOVED PRESIDENT:	MARTHA ANZOLA
	, reclassification, or cancellation of issued shares,
<u>provisions for implementing the amendmenting (if not applicable, indicate N/A)</u>	ent if not contained in the amendment itself:
N/A	

The date of each amendmen	t(s) adoption: U8/22/2012
Effective date <u>if applicable</u> :	08/23/2012
<u></u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
	ere 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 east for the amendment(s) was/were sufficient for approval
by	(voting group)
☐ 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_08/	/23/2012
· ·	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)
	JULIO A. TOLEDO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)