P11000014263

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10/02/14--01019--003 **43.75



Amend CUS 10.10.14

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: A CHEF'S	S TOMATO,	, INC	·
DOCUMENT NUMBE	_{R:} P110000142	263		
	Amendment and fee are su			
Please return all correspo	ondence concerning this ma	tter to the following:		
k	(ATRINA LAD	SON		
<u>.</u>		Name of Contact Po	erson	
A	CHEF'S TON			
F	OST OFFICE	Firm/ Company BOX 2467	•	
F	PEMBROKE P	Address PINES, FL 3	3024	4
		City/ State and Zip	Code	
ACH	HEFSTOMATO	000000	CO	М
701	E-mail address: (to be us			
For further information of	concerning this matter, pleas	se call:		
KATRINA LA	ADSON	_{at (} 754	· \	245-3598
Name of	Contact Person	Are	a Code &	2 Daytime Telephone Number
Enclosed is a check for t	he following amount made p	payable to the Florida l	Departm	ent 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)
Ameno Divisio P.O. B	ig Address Iment Section on of Corporations ox 6327 assee, FL 32314	Ar Di Cl: 26	vision of ifton Bui 61 Exec	nt Section Corporations

Articles of Amendment Articles of Incorporation



A CHEF'S TOMATO, INC.

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

P11000014263	,
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation ".	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	1257 SW 121ST AVENUE
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	#101
	PEMBROKE PINES, FL 33025
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	POST OFFICE BOX 246733
	PEMBROKE PINES, FL 33024
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	eet 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 w	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 <math>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.

Wike Jones, v as Kem	ove, ana sany smur	i, Sv as an Aaa.	
Example: X Change	PT John I	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	. 1.1
X Add	SV Sally	<u>Smith</u>	change address
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PT	Lynora Dwyer	1257 SW 121st Ave Pembroke Pines FL
Add Remove			33025
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change		 	
AddRemove			
5) Change			
Add			
Remove			
6) Change			
Add Remove			

C. If amending or adding additional Artic (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)	
N/A		
.		
		
If an amendment provides for an exch provisions for implementing the amen (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis of the samendment itself:	
N/A		
		

date this document was signed.	option:
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement 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 ado action was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
Dated_SEPTEM	BER 20, 2014
Signature	let
(By a di	rector, president or other officer – if directors or officers have not been he had a not been had a
V	KATRINA LADSON
	(Typed or printed name of person signing)
	VICE PRESIDENT
•	(Title of person signing)