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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: KINS OF	f Diamond	West Palm Bei	ch Banquet Ho catering Inc
DOCUMENT NUMB	ER: P180000	59274	4	- CATERING INC
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corresp	pondence concerning this ma	tter to the following:		
-	Corneliu	Name of Contact Perso	n	Havi + catering
,	King of Diamon	d West Pelm B	each Banguel 1	thuit catering
	1854 ASb.			
-	West Palm R	City/ State and Zip Cod	33415	
	E-mail address: (to be us			_
For further information	concerning this matter, pleas	se call:		
Cornelius	Terry	at (_5%/	\$60 - 2175 de & Daytime Telephone N	
Name o	i Contact Forson		•	uniner
Enclosed is a check for	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)	
Amer Divis P.O.	ing Address ndment Section sion of Corporations Box 6327	Ameno Divisio Clifton	Address Iment Section on of Corporations Building	
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

(Name of Corporation as curren	n Becel Barreguet Head + Catering tly filed with the Florida Dept. of State)
P18000059274	
	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	Thenew
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "prefessional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	—————————————————————————————————————
D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address	
Name of New Registered Agent	× × × × × × × × × × × × × × × × × × ×
(Florida s	treet address) ON
New Registered Cifice Address:	(City) (Zip Code)
	(only)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
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 Cificer; CFO = Chief Financial Cificer. If an cificer/director holds more than one title, list the first letter of each cifice 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
i) Change	<u>P</u>	Meerny lestie R	4482 lake Those ci
Add Remove			West Polm Brad A 33409
2)Change	VP	Terry Corneika	•
Add	ρ		# 101 WPB, Fl 33415 3525 Village Blod
3) Change Add		MEGINE HIMESUM	Apt 302 WPB, Al 33409
Remove 4) Change			
Add			19 AUG
5) Change Add			A TO
Remove			Ωr- ₩ 2×' ₩
6)Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
Remove (P) President Leslie R. M	CRAY
Remove (UP) Vice President Corneil	ca Terry
Add (8) President Madines	Anderson
	<u> </u>
F. If an amendment provides for an exchange, reclassification, or cancellation of iss provisions for implementing the amendment if not contained in the amendment (f not applicable, indicate N/A)	itself:
All Theres are to be reclassified directed to the new President	0 C 45 3
directed to Madino Anderson.	

The date of each amendment(s) adoption: 7/32/2019	, if othe	r than the
late this document was signed.		
Effective date if applicable: 7/32/2019		
Effective date if applicable: 7/2/2019 (no more than 90 days after amendment file date)		-
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	I not be list	ed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)		
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 east for the amendment(s) was/were sufficient for approval		
by" (voting group)		
(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.	19 SE	
Dated 7/32/3019	AUG -	<u> </u>
Signature Leslie R. McCray	.~<	
	AH 10:	(
selected, by an incorporator – if in the hands of a receiver, trustee, or other court) <u> </u>	
appointed fiduciary by that fiduciary)	H 10: 38	
(Typed or printed name of person signing)		-
President (Title of person signing)		
(Title of person signing)		-