H40760

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C. BRUMBLEY
JAN 27 ZUZZ

COVER LETTER

Division of Corporations NAME OF CORPORATION: At The Table PR, Inc. H40760 DOCUMENT NUMBER: _____ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Cheryl A Miller

Name of Contact Person

At The Table PR, Inc.

Firm/ Company

301 W. Platt Street, Surk 414

Address

Tampa, FL 33606

City/ State and Zip Code Cmiller@ at the table fr. (om E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & □ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327

TO: Amendment Section

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee

is enclosed)

Articles of Amendment

	Articles of Incorporation	
A+The Tab	le PR The	
		J. David of Santa
	tion as currently filed with the Florid	ga Dept. of State
	140760	· · · · · · · · · · · · · · · · · · ·
(Doct	ament Number of Corporation (if know	'n)
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	da Statutes, this Florida Profit Corpor	ation adopts the following amendment(s) to
A. If amending name, enter the new name of the	corporation;	
At The Table Enter		
name must be distinguishable and contain the word " "Inc.," or Co.," or the designation "Corp," "Inc "chartered," "professional association," or the abb	corporation," "company," or "incorpor," or "Co". A professional corpor	The _ new orated" or the abbreviation "Corp.," ation name must contain the word
B. Enter new principal office address, if applicab (Principal office address MUST BE A STREET AL		
C. Enter new mailing address, if applicable:		78 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
(Mailing address <u>MAY BE A POST OFFICE</u>	<u>OX</u>)	
		7:22
D. If amending the registered agent and/or regist new registered agent and/or the new registered	ered office address in Florida, enter d office address;	the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(Cip)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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)

Add

Please note the officer/director title by the first letter of the office title:

 $P = President; \ V = Vice\ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairmon\ or\ Clerk; \ CEO = Chief\ Executive\ Officer; \ CFO - Chief\ Financial\ Officer. \ If an officer/director\ holds\ more\ than\ one\ title,\ list\ the\ first\ letter\ of\ each\ office\ held.$ 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:	, (171(1 1 7(4)	is (minu, i)) Cas Cir ACC.				
X Change	<u>PT</u>	John Doc				
X Remove	<u>V</u>	Mike Jones				
X Add	<u>\$V</u>	Sally Smith				
Type of Action (Check One)	Title	<u>Name</u>	<u>Address</u>			
1) Change						
Add						
Remove						
2) Change						
Add						
Remove 3) Change						
Add						
Remove						
4) Change						
Add		- 				
Remove						
5) Change						
Add						
Remove						
6) Change						
- Circigo						

Attach additional sheets, if necessary).	(Be specific)	ige(s) here:			
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	-				
an amendment provides for an exch	ange, reclassifi	cation, or cancel	lation of issued :	shares.	
provisions for implementing the ame	ndment if not c	ontained in the a	<u>imendment itsel</u>	<u>[:</u>	
(if not applicable, indicate NA)					
		··			
				-	
				.	

The date of each a date this document	amendment(s) adoption: _ . was signed.	January	1, 2022	if other than
Effective date if a	pplicable: Ja	(no more than 90 d	→0→→ nys after amendment file d	ate)
Note: If the date document's effective	inserted in this block does we date on the Department of	not meet the applicable of State's records.	e statutory filing requiren	nents, this date will not be listed as
Adoption of Ame	ndment(s) (<u>C</u>	HECK ONE)		
The amendment action was not r	t(s) was/were adopted by the required.	c incorporators, or boa	rd of directors without sha	reholder action and shareholder
☐ The amendment by the sharehol	i(s) was/were adopted by the ders was/were sufficient for	e shareholders. The m r approval.	imber of votes cast for the	amendment(s)
☐ The amendment must be separa	i(s) was/were approved by t tely provided for each votin	he shareholders throug g group entitled to vote	h voting groups. The follows separately on the amenda	owing statement ment(s):
"The num	ber of votes east for the anx	endment(s) was/were s	ufficient for approval	
by			<u>,"</u>	
	(vo	ting group)		
ם	Dated 1/4/202)7	_	
S	ignature Cher	CQ. To	Aller	
	(By a director, pre-	sident or other officer -	if directors or officers ha	ve not been
	selected, by an inc appointed fiduciar	orporator – if in the ha v by that fiduciary)	nds of a receiver, trustee.	or other court
		ery A. 1. (Typed or printed name	niller	
		(Typed or printed name	e of person signing)	
	CE	0		
		(Title of person signing	g)	

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