569006

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SECRETARY OF STATE
JIVISIAN OF CORPORATION

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AUG 11 2015 I ALBRITTON

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORA	ATION: Palm Caterers of H	follywood, Inc.	·
DOCUMENT NUMBI		· - · · · ·	
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
1	Brad Friedman		
_		Name of Contact Persor	1
	Artisan Foods Catering, Inc.		
_		Firm/ Company	····
:	5100 Sheridan Street	, cop	
-		Address	
1	Hollywood, FL 33021		
_		City/ State and Zip Code	2
info@	artisanfoodsinc.com		
		sed for future annual report	notification)
For further information	concerning this matter, pleas		
Brad Friedman		at (983-5338
Name o	Contact Person	Area Co	de & Daytime Telephone Number
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 indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

Palm Caterers of Hollywood, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) J69006 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Artisan Foods Catering, Inc. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) N/A New Registered Office Address: Florida (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar 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 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>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change		_	
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

 If amending or adding additional Arti (Attach additional sheets, if necessary). 	(Be specific)	
N/A		
····		
		 -
-		
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares.	1
(if not applicable, indicate N/A)	dment if not contained in the amendment itself:	
I/A		
	-	
		Marine and the second s

,	06/15/2015	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	5/15/2015	
енесиче часе <u>и аррисавие</u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this department of State's records.	late will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	(s)
	approved by the shareholders through voting groups. The following statem for each voting group entitled to vote separately on the amendment(s):	nent
	st for the amendment(s) was/were sufficient for approval	
by		
- - ,	(voting group)	
	dopted by the board of directors without shareholder action and sharehold	der
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
DatedSignature	8/6/15 Dull-ful	
(By a	director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other continted fiduciary by that fiduciary)	
	Brad Friedman	
	(Typed or printed name of person signing)	
	President, Secretary, Treasurer, Director	
	(Title of person signing)	