195668

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COVER LETTER

TO: Amendment Section Division of Corporations Culinary Specialties Inc. NAME OF CORPORATION: L95668 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Mark Medeiros Name of Contact Person **Creative Culinary Specialties** Firm/ Company 4715 N Hale Ave Address Tampa FL 33614 City/ State and Zip Code markm@culinaryspec.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mark Medeiros Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee ■\$43.75 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 is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Culinary Specialties, Inc.

(<u>Name</u>	of Corporation as current	ly filed with the Florida D	ept. of State)	
	L9566	88		
	(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation	adopts the following a	mendment(s) to
A. If amending name, enter the new n	ame of the corporation:			
N/A			7	he new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Chartered," "professional association.	Corp," "Inc," or "Co"	A professional corporation	d" or the abbreviation	"Corp.,"
R Enter new principal office address	if annlicable:	N/A		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)				
			•	2 0 21
C Pater	l!			B
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A	•	20
				P .1
			<u></u>	
D. If amending the registered agent as	nd/or registered office add	ress in Florida, enter the r	 name of the	·, —
new registered agent and/or the ne				
Name of New Registered Agent	•			
	Douglas Fishman			
	(Florida st	reet address)		
N D 1 100 413	4715 N Hale Ave T	ampa	33614	
New Registered Office Address:		(City)	, Florida	<u>le)</u>
		•	•	
New Registered Agent's Signature, if o				
I hereby accept the appointment as regis	tered agent. I am familiar	with and accept the obligati	ions of the position.	
	il 0			
	Signature of Voice 5	Registered Agent, if changin	a	
	Signature of New N	кедыегей мует, у спапут	8	
Check if applicable				
☐ The amendment(s) is/are being filed p	oursuant to s. 607.0120 (11)	(e), F.S.		

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	n Doe	
X Remove	<u>v</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	PSTD	Walter Schoepf	4715 N Hale Ave
Add			Tampa FL
X Remove			33614
2) Change	VD	Karl Degiacomi	4715 N Hale Ave
Add			Tampa FL
X Remove	•	Davida Flahma	33614
3) Change	C	Douglas Fishman	4715 N Hale Ave
× Add			Tampa FL
Remove			33614
4) Change	000	Mark Medeiros	4715 N Hale Ave
x Add			Tampa FL
Remove			33614
5) Change	CMO	April Music	4715 N Hale Ave
x Add			Tampa FL
Remove			33614
6) Change			
Add			
Remove			

· ·	(Attach <i>additional sheets, if necessary). (Be specific)</i> N/A				
					
					
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	<u> </u>	<u> </u>			
	-				· · · · ·
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	nt provides for an exc	hange, reclassifica	tion, or cancellat	ion of issued shares	<u>.</u>
f an amendme	implementing the am	endment if not con	itained in the am	endment itself:	
provisions for	icable, indicate N/A)				
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The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment fi	ile date)
Note: If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing requestrement of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopaction was not required.	oted by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes east for licient for approval.	the amendment(s)
	roved by the shareholders through voting groups. The action with a group entitled to vote separately on the am	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Datedø	118 4020	
Signature		
selected	ector, president or other officer – if directors or officer, by an incorporator – if in the hands of a receiver, trusted fiduciary by that fiduciary)	
-	(Typed or printed name of person signing)	
-	Chief Operating Officer (Title of person signing)	
	(