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WESTER OF STATE

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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Cooking	Experience	Clun, Inc	
DOCUMENT NUMBER: N13000008	692		
The enclosed Articles of Amendment and fee are sub-	mitted for filing.		
Please return all correspondence concerning this matte	er to the following:		
Michael Morin			
	(Name of Contact Perso	n)	
Cooking Experience Clu	b, Inc		
	(Firm/ Company)		
1739 Shoreside Circle			
	(Address)		
Wellington, FL 33414			
	(City/ State and Zip Cod	e)	
cookingexperienc	eclub@gm	ail.com	
E-mail address: (to be used	for future annual report	notification)	
For further information concerning this matter, please	call:	•	
Dianne Morin	_{at (} 561	722-4429	
(Name of Contact Person)		ode & Daytime Telephone Nun	nber)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	artment of State:	
\$35 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)	
Mailing Address		Address	
Amendment Section		Amendment Section	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

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Cooking Experience Club, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State) N13000008692 (Document Number of Corporation (if known)

Pursuant to the provisions of section 617.100 amendment(s) to its Articles of Incorporation		nis <i>Florida Not For Pr</i>	ofit Corporation ac	dopts the following
A. If amending name, enter the new name	of the corporation:			
name must be distinguishable and contain th "Company" or "Co." may not be used in th		" or "incorporated" of	r the abbreviation '	The new 'Corp." or "Inc."
B. Enter new principal office address, if a (Principal office address MUST BE A STR.)				
C. Enter new mailing address, if applicate (Mailing address MAY BE A POST OF)				·
	<u></u>			
D. If amending the registered agent and/o new registered agent and/or the new re			er the name of the	
Name of New Registered Agent:				
New Registered Office Address:	(Flor	ida street address)		•
<u></u>	····		_, Florida	
	(City)		(2	(ip Code)
New Registered Agent's Signature, if chan	ging Registered Age	nt:		•

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 X_Remove X_Add	PT John D V Mike J SV Sally S	<u>lones</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	CEO	Dianne Morin	1739 Shorside Cir
X Add			Wellington, FL 33414
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 Artication (attach additional sheets, if necessary).	(Be specific)
N. 44.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.	

The date of each amendment(s) adoption: IU/U9/ZU I3 date this document was signed.			
	Effective date if applicable: 11/03/2013		
		(no more than 90 days after amendment file date)	
Ado	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast for the amendment(s) oval.	
	adopted by the board of dire		
	Dated 1/22	/2014	
	Signature	12014 Nas	
	(By the ch	airman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or rt appointed fiduciary by that fiduciary)	
	Michael	A Morin II	
		(Typed or printed name of person signing)	
	Preside	nt	
		(Title of person signing)	