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(Re	equestor's Name)	
(Ad	ldress)	
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. (Cit	ty/State/Zip/Phono	e #)
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(Do	ocument Number)	, <u>, , , , , , , , , , , , , , , , , , </u>
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FILED 2015 NOV-5 PH 3: 07 SECRETARY OF STATE ARLANASSEE, FLORIDA

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NOV 5 2015 I ALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corporations

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: CHEF CREDIE NUMBER TWO, INC. DOCUMENT NUMBER: POOOOOOB8108			
DOCUMENT NUMBER: P00000068108			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	WILFINSON	I S. SEV	TOUR
		Name of Contact Person	1
	13125 h	JEST DIXIE	E HWY
·		Firm/ Company	
_	NMIAMI	F/ 331	6/
Name of Contact Person 13125 WEST DIXIE HWY Firm/Company N MIAMI F/ 3316/ Address			
		City/ State and Zip Cod	e
	UCHEF CRE E-mail address: (to be us	OIE AO/. (sed for future annual report	notification)
For further information concerning this matter, please call:			
WILKINSON S. SEJOUR at (305) 450 9473 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	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)
<u>Mai</u>	ling Address	Street	Address

Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle



October 21, 2015

WILKINSON S. SEJOUR 13125 WEST DIXIE HWY NORTH MIAMI, FL 33169

SUBJECT: CHEF CREOLE NUMBER TWO, INC.

Ref. Number: P00000068108

We have received your document for CHEF CREOLE NUMBER TWO, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 815A00022317

Articles of Amendment to

FIL

Articles of In	ecorporation (E)
0	t 2015 the -ED
CHEF CREOLE Number 7	thy filed with the Florida Dept. of Stafe) ARY OF
(Name of Corporation as curren	tly filed with the Florida Dept. of State) 74 3: 07
4 00000068108	TELAHASSE OF STATE
(Document Number	thy filed with the Florida Dept. of Stafe) Of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	WITKINSON S. SEJOUR 13125 WEST DIXIE HWY North MIAMI El 33/61
	13/25 WEST DIXIE HWY
	North MIAMI El 33/61
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. <u>If amending the registered agent and/or registered office adorew registered agent and/or the new registered office address</u>	
Name of New Registered Agent Wilkinson	S. SEJOUR
<u>13125 WEST</u> (Florida si	DixiE Hwy treet address)
New Registered Office Address: N. MI AM (, Florida 33/6/ (City) (Zip Code)

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

I hereby accept the appointment as registered agent. I am familier 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.

X Change	PT John	Doe	
X Remove	V Mike	Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u>P</u>	NAZARENA N SEJOUL	98 NW 161 St
Add			MiAMI F1 33169
Remove			
2) Change	<u>P</u>	WILKINSON S. SETOUR	
✓ Add			Mixwi F1 33/69
Remove	1	NAZARDALA N. SETOLIA	98 al 1 161 St
3) Change		MAZARENA N. SEJOUR	1010w 101 31
Add			<u>M. An. 1 P1 3300.</u>
Remove			<u> </u>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

,	s, if necessary). (Be	e specific)			
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F	!.l	116			
an amendment provi provisions for implem	i <u>ues for all exchang</u> lenting the amendm	ent if not con	tained in the ame	<u>on or issueu su:</u> ndment itself:	ares,
(if not applicable,	indicate N/A)				
		NK			
		- N N	* ***		
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> : (no more than 90 days after amendment file	
(no more than 90 days after amendment file	date)
Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	e amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The foliamust be separately provided for each voting group entitled to vote separately on the amen	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
by	
The amendment(s) was/were adopted by the board of directors without shareholder action a action was not required.	and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and s action was not required.	hareholder
Dated 9-27-2015 Signature X (By a director president or other officer - if directors or officers I	
Signature X	
(By a director president or other officer - if directors or officers l	nave not been
selected by an incorporator — If in the hands of a receiver, trustee appointed fiduciary by that fiduciary)	, or other court
WIKINSON S- SEJOUR	
(Typed or printed name of person signing)	
PRES	
(Title of person signing)	