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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

NAME OF CORPORATION: Swiss Team Enterprises, Inc.
DOCUMENT NUMBER: P00000086707
The enclosed <i>Articles of Amendment</i> and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Marc F. Oates, Esq.
Name of Contact Person
Marc F. Oates, P.A.
Firm/ Company
5515 Bryson Drive, Suite 502
Address
Naples, FL 34109
City/ State and Zip Code
marc@marcoateslaw.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marc F. Oates, Esq. 239 , 598-1136
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:

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Mailing Address

■ \$35 Filing Fee

TO: Amendment Section

Division of Corporations

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

Street Address

□\$43.75 Filing Fee &

(Additional copy is

Certified Copy

enclosed)

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

□\$52.50 Filing Fee

Certified Copy

(Additional Copy is enclosed)

Certificate of Status

Articles of Amendment to Articles of Incorporation of

Swiss Team Enterprises, Inc.	
(Name of Corporation as currently filed with the Flo	orida Dept. of State)
P00000086707	
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Peruvian Culinary Concepts, Inc.	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coverage word "chartered," "professional association," or the abbreviation "F	" "company," or "incorporated" or the abbreviation O". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	TALL AU
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	et address)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar was	ith and accept the obligations of the position.
Signature of New Registered As	zent, 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, PF as a Change, Mike Jones V as Bourge, and Sally Smith. Swith Sw

Mike Jones, V as Remov Example:	e, and Sa	lly Smith, SV as an Add.	
X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	SSEF
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
Change Add Remove			
2) Change			
Remove 3) Change	_		
Add			
4) Change Add Remove			
5) Change			
Remove			
6) Change Add Remove			

ach additional sheets, if necessary). (Be specific)	The source of th
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n amendment provides for an exchange, reclassification, or cancellation o	f issued shares,
ovisions for implementing the amendment if not contained in the amendment	<u>ient itself:</u>
(if not applicable, indicate N/A)	
	

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	•
Effective date if applicable: NUGUST 15, 2014 (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statements must be separately provided for each voting group entitled to vote separately on the amendment(s):	TA AUG
"The number of votes cast for the amendment(s) was/were sufficient for approval	C) //
by	P III
(v)	- W
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	P J
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature (By a director, president or other officer – if directors or officers have not been	_
selected, by an incorporator $-if$ in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Christopher Santos	
(Typed or printed name of person signing)	_
President	
(Title of person signing)	_