700000102261

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR		ary Concepts Co	rporation
DOCUMENT NUME	BER: P0000010226	1	
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corres	spondence concerning this mat	ter to the following:	
	Mitchell B. Kirsch	ner, Esq.	
		Name of Contact Person	
	Gray Robinson, P	² .A.	
	225 NE Mizner Bl	Firm/ Company vd Suite 500	
		Address	
	Boca Raton, FL 3	33432	
		City/ State and Zip Code	
mit	ch.kirschner@gray	y-robinson.com	
	E-mail address: (to be us	ed for future annual report	notification)
For further information	n concerning this matter, pleas	e call:	
Mitchell B. Kirschner Name of Contact Person Name of Contact Person Area Code & Daytime Telephone Number			
Name o	of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	rtment 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)
Ame Divi P.O.	endment Section dision of Corporations and Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

Euro-Culinary Concepts Corporation	เมษา
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(Name of Corporation as	s currently filed with the Flo	rida Dept. of State)		-
P00000102261		<u> 5004 5, 5, 400</u>		
(Documen	nt Number of Corporation (if k	mown)		-
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this <i>FI</i>	orida Profit Corporation a	dopts the followir	g amendment(s) to
A. If amending name, enter the new na	ame of the corporation:			
				_The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "Co	o". A professional corpor		
B. Enter new principal office address, (Principal office address MUST BE A S				-
`			2014 550	-
			TAHA JUN	- 17
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)			ASS.	FORFICE STATE OF THE STATE OF T
(muning uniness <u>MAI BLATOST</u>	DITTICE BOX		ma to	- ' [1]
				- U
			- 유청 씨 	-
D. If amending the registered agent an new registered agent and/or the new		s in Florida, enter the na	me of the	
Name of New Registered Agent	Claudio Pedron			
	4199 North Fede	ral Highway	_	
	(Florida street	address)	_	
New Registered Office Address:	Boca Raton	, Florida	33431	_
	(City)		(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist Signature.	ered agent. I am familiar wit	7 pec	ns of the position. -	

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 <math>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> <u>Joh</u>	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	DPS	Claudio Peron	4199 No. Federal Highway
Add			Boca Raton, FL 33432
Remove			
2) Change	DVT	Gerald Hascoat	4199 No. Federal Highway
Add			Boca Raton, FL 33432
Remove			
3) Change	DPST	Claudio Pedron	4199 No. Federal Highway
Add			Boca Raton, FL 33432
Remove			
4) Lange Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Re specific)
(Attach additional sheets, if necessary).	(Be specific)
	
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If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
If an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and the amendment itself:
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provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an in the amendment itself:

The date of each amendment(s) adoption: May 28, 2014	_, if other than the
date this document was signed.	
Effective date if applicable:	
(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 statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 5/28/14	
Signature Caela Mon	
(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)	
Claudio Pedron	
(Typed or printed name of person signing)	<u> </u>
President	
(Title of person signing)	