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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: CATERING BY JACK & Michael ELIK, INC. DOCUMENT NUMBER: PO/D 0000 7875
DOCUMENT NUMBER: PO\DOOO 7875
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Souw Mippen, Ja, Name of Contact Person
Firm/Company 4706 SE 8+ ct #4
Address Cape Coest , FL 33904 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person Name of Contact Person
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Flo	orida Dept. of State)		
(Document Number of Corporation (if	MICHAEL	ELIAS,	ING
(Document Number of Corporation (if I	known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation	adopts the following	ing amendment(s) to
A. If amending name, enter the new name of the corporation:			
			The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P	o". A professional corpe	porated" or the oration name mus	abbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A		_
			— ا بر ب
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		14 007 16 14 007 16
		· · · · · · · · · · · · · · · · · · ·	PH OF ST
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the na	ame of the	X 55
Name of New Registered Agent		-	<u>بر</u> بـ
(Florida stree	t address)	_ _	
	•		
New Registered Office Address: (City)	, Florid	a(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent. I am familiar wit	th and accept the obligation	ons of the position.	
Signature of New Paristaned As		_	

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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name Address	
1) Change		JOHN N. NIPPER, JR. 2061 Fort.	Flowers De.
Add		_ fort.	Myes, LL 3390
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		····	
Add			
Remove			
5) Change			
Add			
Remove			
6) L Change			
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)
rovisions for implementing the amen	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	1/
MICHAEL ELIAS	- 1/3 OWNER
SACK GLIAS	- 1/3 OWNEL
JOHN N Nipper, JR	1/3 arner.

The date of each amendment(s) adoption: 8/1/2014 date this document was signed.	, if other than the
Effective date if applicable: V 1 20 4 (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 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)	
(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	
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)	
(Typed or printed name of person signing),	
(Typed or printed name of person signing)	
Vice Presidet -	<u> </u>
(Title of person signing)	