P01000037443

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
•,
(Business Entity Name)
•
(Document Number)
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SECRETARY OF CORPORATIONS
ON OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 4, 2009

MIGUEL A. MASPOONS, ESQ. ABADIN COOK 9155 S DADELAND BLVD, STE 1208 MIAMI, FL 33156



SUBJECT: CLASSIC CATERERS, INC.

Ref. Number: P01000037443

We have received your document for CLASSIC CATERERS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is #L09000001899 - WGR HOLDINGS LLC.

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) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 109A00003947

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Classic Caterers, Inc.			
DOCUMENT NU	лмвек: <u>Р01000037</u>	7443	
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
		el A. Maspons, Esq.	
	(Name	of Contact Person)	
Abadin		adin Cook	
	(Fi	rm/ Company)	
	9155 South Da	deland Boulevard, Suite 1208	
		(Address)	
		flami, FL 33156 state and Zip Code)	
For further inform	ation concerning this matter,	•	
Va	nessa M. Fortun	at (<u>305</u>) <u>670-477</u> (Area Code & Daytin	77 x2241
(Nam	ne of Contact Person)	(Area Code & Daytin	ne Telephone Number)
Enclosed is a chec	k for the following amount n	nade payable to the Florida Do	epartment 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)
P.O. Box 6	nt Section f Corporations	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center C	

Tallahassee, FL 32301

Articles of Amendment FILED to SECRETARY OF STATE to DIVISION OF CORPORATIONS Articles of Incorporation

	of	09 FEB -12-PM 3	33
Classic	Caterers,	Inc.	
(Name of Corporation as curren	ntly filed with t	the Florida Dept. of Sta	
P010	000037443	400000000	
(Document Number	ber of Corporati	on (if known)	_
Pursuant to the provisions of section 607.1006 following amendment(s) to its Articles of Incorp		tes, this Florida Profit	Corporation adop
A. If amending name, enter the new name of	the corporation	<u>n:</u>	
WGR 9	997, Inc.		
The new name must be distinguishable an "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name association," or the abbreviation "P.A."	"Inc.," or Co.	," or the designation "	Corp," "Inc," or
B. Enter new principal office address, if applicable:		5558 Pine Circle	
Principal office address <u>MUST BE A STREE</u>		Coral Springs, FL 3306	57
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	CE BOX)	5558 Pine Circle	
		Coral Springs, FL 33067	
D. If amending the registered agent and/or renew registered agent and/or the new regis			er the name of the
Name of New Registered Agent:		,	_
Name of New Registered Agent:	55	58 Pine Circle	<u> </u>
Name of New Registered Agent: New Registered Office Address:		58 Pine Circle ida street address)	- - '
,	(Flori		, Florida_33067(Zip Code)

he 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
			D
			
E. If amen (attach a N/A	ding or adding additional Artical distribution of the distribution	icles, enter change(s) here: (Be specific)	
	* *** *** *** *** *** *** *** *** ***		
provis		change, reclassification, or cancellatind endment if not contained in the amen	
N/A			
	1,000		

The date of each amendment(s) adoption: 12/15/08	
Effective date if applicable: N/A	
(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 by the shareholders was/were sufficient for approval.	t(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"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 sharehold action was not required.	ler
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 12/15/08	
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)	
Arnold Rosenthal	
(Typed or printed name of person signing)	
. President	
(Title of person signing)	