P30001309

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	dress)	
(Cir	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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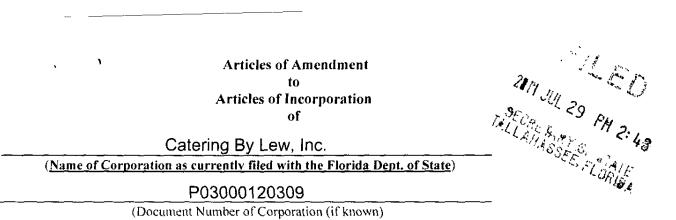
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION:	Catering By Lew, Inc	
DOCUMENT NUM	1BER:	P03000120309	
The enclosed Article	es of Amendment and fee a	e submitted for filing.	
Please return all corn	respondence concerning this	s matter to the following:	·
_		Lewis Niad	
	įN:	ame of Contact Person	
-	Ca	tering By Lew Inc.	
		Firm/ Company	
	4461 N 41st CT		
		Address	
_		llywood, FL 33021	
	Ci	ty/ State and Zip Code	
	niadle E-mail address: (to be used	wi@nova.edu For future annual report notification)	
For further informati	on concerning this matter, p	olease call:	
1	Lewis Niad	at (954)9	64-4466
Name of	Contact Person	Area Code & Daytime Tel	lephone Number
Enclosed is a check t	for the following amount ma	ade payable to the Florida Depar	tment of State:
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Add Amendment ! Division of C P.O. Box 632 Tallahassee, I	Section Corporations 7	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circl	le

Tallahassee, FL 32301

Articles of Amendment ťο **Articles of Incorporation**



Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following

Emet	Kosher Foods, Inc.	The
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the mame must contain the word "chartered," "pa	he designation "Corp." "Inc," :	or "Co". A professional corpor
B. Enter new principal office address, if a principal office address MUST BE A STRE		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF		
). If amending the registered agent and/or		lorida, enter the name of the
new registered agent and/or the new res	gistered office address:	
	gistered office address:	
new registered agent and/or the new reg	(Florida street addr	ress)
new registered agent and/or the new reg		ress) , Florida (Zip Code)

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>	<u>Address</u>	Type of Action
			
	eding or adding additional Articles, ent additional sheets, if necessary). (Be spe		
<u>provisi</u>	mendment provides for an exchange, roons for implementing the amendment not applicable, indicate N/A)		

The date of each amendment((s) adoption:
	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
• •	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	east for the amendment(s) was/were sufficient for approval
by	
,	(voting group)
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated_7/26/	11 /
selec	a director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court sinted fiduciary by that fiduciary)
	Lewis J. Niad
	(Typed or printed name of person signing)
	President
	(Title of person signing)