

(R	equestor's Name)	
(A	ddress)	<u> </u>
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	dusiness Entity Name)	
	Occument Number)	
•	ocament (vanisci)	
Certified Copies	Certificates of	Status
Special Instructions to	p Filing Officer:	
	Office Use Only	

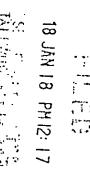


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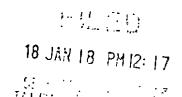


COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: O'BRIEN FOOD S	ERVICE ENTERPRISES, INC			
DOCUMENT NUMBER: CC6492016655				
The enclosed Articles of Amendment and fee are su	bmitted for filing.			
Please return all correspondence concerning this mat	tter to the following:			
MONICA ZIMMER LAWSO	N			
	Name of Contact Person			
ZIMMER ACCOUNTINĠ S	ERVICE INC			
	Firm/ Company			
2403 W STATE STREET				
	Address			
TAMPA FL 33609				
	City/ State and Zip Code			
monicalawson@zimmeraceounting	.com			
E-mail address: (to be us	sed for future annual report notification)			
•				
For further information concerning this matter, pleas	se call:			
MONICA ZIMMER LAWSON	at (813) 354-8301			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made p	payable to the Florida Department of State:			
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) ☐\$52.50 Filing Fee Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation of



O'BRIEN FOOD SERVICE ENTERPRISES INC

(Name of C	Corporation as currently	filed with the Florida De	pt. of State)	
CC6492016655				
	(Document Number of C	Corporation (if known)		· •··
Pursuant to the provisions of section 607,100 its Articles of Incorporation:	06, Florida Statutes, this F	lorida Profit Corporation	adopts the following amen	idment(s) to
A. If amending name, enter the new name	of the corporation:			
	i		The	new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	on "Corp," "Inc," or "C	o". A professional corpo	porated" or the abbrevia	ttion
B. Enter new principal office address, if a			_	
(Principal office address <u>MUST BE A STRI</u>	EET ADDRESS)			
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OF)				
D. If amending the registered agent and/o new registered agent and/or the new re		ss in Florida, enter the na	ume of the	
Name of New Registered Agent				
	1			
_) (Florida stree	et address)		
New Registered Office Address:			, Florida	
	I	Tity)	(Zip Code)	
New Registered Agent's Signature, if chan I hereby accept the appointment as registered	nging Registered Agent: d agent. I am familiar wi	th and accept the obligatio	ons of the position.	
	Signature of New Re	gistered 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)

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: \underline{X} Change	<u>PT</u> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	ke Jones	
<u>X</u> Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	<u>Title</u> SEC,	<u>Name</u>	<u>Addres</u> s
1) Change	3007	AMBER O'BRIEN	1006 S VALRICO RD
X Add			VALRICO FL 33594
Remove		ı	
2) Change			
Add			<u> </u>
Remove			
3) Change		. :	
Add			
Remove		ı	
4) Change			
Add			
Remove		T.	
5) Change		1	
Add			
Remove			
0 0			
6) Change			
Add			
Remove			

tach additional sheets, if necessary).	(Be specific)
	,
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-	
	1
	l .
in amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(9)	
• •	

The date of each amendme date this document was signed		, if other than th
date this dycument was sign.	l	
Effective date if applicable	:	<u>, </u>
	(no more than 90 days after amenament fite date)	,
	n this block does not meet the applicable statutory filing requirement the Department of State's records.	is, this date will not be listed as th
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
	vere adopted by the shareholders. The number of votes east for the ame were sufficient for approval.	endment(s)
	vere approved by the shareholders through voting groups. The followin ded for each voting group entitled to vote separately on the amendmen	
"The number of vot	tes cast for the amendment(s) was/were sufficient for approval	
hy	(voting group)	
·	(voting group)	
action was not required.	vere adopted by the board of directors without shareholder action and so were adopted by the incorporators without shareholder action and share	
JAN	JUARY 12, 2018	
Dated		
Cimotura	THE BOEN	
Signature	(By a director, president or other officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, or cappointed fiduciary by that fiduciary)	
	TIMOTHY S O'BRIEN	
	(Typed or printed name of person signing)	
	TRUSTEE	
	(Title of person signing)	
	1	
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