P08000042748

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Kosher Kitchen Inc.					
DOCUMENT NU	MENT NUMBER: P08000042748				
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.			
Please return all co	orrespondence concerning the	is matter to the following:			
	David Ungar				
	N	Vame of Contact Person			
	K	osher Kitchen Inc.			
		Firm/ Company			
180 South Ronald Reagan Blvd					
		Address			
Longwood, FL 32750					
	C	ity/ State and Zip Code			
	E-mail address: (to be use	nubbs@aol.com d for future annual report notification)			
For further informa	ation concerning this matter,	please call:			
	David Ungar	at (407)696	6-8873		
Name	of Contact Person	Area Code & Daytime Telep	phone Number		
Enclosed is a check	for the following amount m	nade payable to the Florida Departn	nent of State:		
 	\$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 Ad Amendment Division of P.O. Box 63 Tallahassee	t Section Corporations 327	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Cameration ::			_C / / r~ _
(Name of Corporation as cur)	rently filed with the Florida	Dept. of Stafe	'CED
(Name of Corporation as cur	8000042748	ALCRE .	<9 PM 4:21
(Document Nu	mber of Corporation (if know	vn) ALLAHA	SSEE ELATE
suant to the provisions of section 607.10endment(s) to its Articles of Incorporation:			~ 1 1 / 10 . ~
If amending name, enter the new name	of the corporation:		
			The new
ne must contain the word "chartered," "pr Enter new principal office address, if ap Incipal office address <u>MUST BE A STRE</u>	plicable:	he abbreviation "P.A	4 ."
(Mailing address <u>MAY BE A POST OFF</u> If amending the registered agent and/or	registered office address in	Florida, enter the r	name of the
(Mailing address <u>MAY BE A POST OFF</u> If amending the registered agent and/or	registered office address in	Florida, enter the r	name of the
(Mailing address MAY BE A POST OFF) If amending the registered agent and/or new registered agent and/or the new reg	registered office address in	·····	name of the
	registered office address in istered office address:	·····	

. 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) Title **Type of Action** Name Address PD Frances Ungar Longwood FL 32750 ☑ Remove David Ungar PD Longwood FL 32750 ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares. provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment	(s) adoption: January 31, 2009	
	(date of adoption is required)	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment re sufficient for approval.	t(s)
	re approved by the shareholders through voting groups. The following states d for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	. 29	
	(voting group)	
The amendment(s) was/we action was not required.	e adopted by the board of directors without shareholder action and sharehol	der
The amendment(s) was/we action was not required.	e adopted by the incorporators without shareholder action and shareholder	
DatedSignature_	David Longan	
(By sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other courbinted fiduciary by that fiduciary)	t
	David Ungar	
	(Typed or printed name of person signing)	
	President/Director	
	(Title of person signing)	