## Florida Department of State

Division of Corporations Public Access System

**Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000158314 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : SIRGELAUB, GOLDING, & FELLER, P.A.

Account Number : I19990000058 Phone

: (954)753-2222

Fax Number

: (954)753-1123

## COR AMND/RESTATE/CORRECT OR O/D RESIGN

FOOD CELLARS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Bling Menu

Corporate Filing Menu

Help

1-7-09

## **Articles of Amendment** to

of	MASSA MA
Food Cellars, Inc.	(C. 7.6)
(Name of Corporation as currently filed with the Florida Dept. of State)	VAID.
P09000028753	~\$ <sup>*</sup>
(Document Number of Corporation (if known)	

owing

Pursuant to the provisions of section 607, amendment(s) to its Articles of Incorporation	1006, Florida Statutes, this Florida Profit Corporation adopts the follon:
A. If amending name, enter the new nam	ne of the corporation:
abbreviation "Corp.," "Inc.," or Co.," or	The new sin the word "corporation," "company," or "incorporated" or the the designation "Corp," "Inc," or "Co". A professional corporation professional association," or the abbreviation "P.A."
B. <u>Enter new principal office address, if</u> (Principal office address <u>MUST BE A STR</u>	
C. Enter new mailing address, if applica (Mailing address <u>MAX BE A POST OX</u>	
D. If amending the registered agent and/onew registered agent and/or the new r	or registered office address in Florida, enter the name of the registered office address:
Name of New Registered Agent:	·
New Registered Office Address:	(Florida street address)
	(City) , Florida (Zip Code)
Now Registored Agent's Signature, if chast hereby accept the appointment as registered	nging Registered Agent: ed agent. I am familiar with and accept the obligations of the position.
-	Signature of New Registered Agent, if changing

Page 1 of 3

H090001583143

212

removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) Title Name | <u>Address</u> Type of Action Debbie Bonde 2710 Riverside Drive #103 ☑ Add ☐ Remove Coral Springs, FL 33065 ☐ Add ☐ Add 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)

If amending the Officers and/or Directors, enter the title and name of each officer/director being

Page 2 of 3

07-07-109 10:13 FF	OM-SIEGELAUB PA,	INC.	9547531123		T-788	P004/004	F-566
The data of each ame	nadment(s) adoption:	7/8/09		, ,	•		
		(date o)	doption is require				
Effective date <u>if appl</u>	(no more tha	n 90 days aft	er omendment file a	late)			
Adoption of Assesses	eent(s) (C	HECK ON	E)	•			
	was/were adopted by t		ers. The number of	votes cast for t	ihe ameod	лænt(a)	
	was/wore approved by provided for each vota						
"The number o	of votes east for the am	endment(s) v	vas/were sufficient :	for approval			
by		·	. 4				
•	(woting group)					•	
action was not requ	was/were adopted by the						
Date	7/6/09		<del></del>				
Signa	ature	ly Dr	Mes			-	
	(By a director pres selected, by an inco appointed fiduciary	rporator if	in the hands of a re				
			ıdy Livadas		••••		
	(T)	Abeq ot baupt	ed name of person	signing)			
			President				,
	(Title	of person sig	ning)				

Page 3 of 3

H090001583143