Division of Corporations 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.

(((H10000048580 3)))



H100000485803ABC-

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

: (850)617-6380

From:

Account Name

: CSH SERVICES, LLC

Account Number : I20070000160 : (800)494-3124

Phone

: (561)455-9885

the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

COR AMND/RESTATE/CORRECT OR O/D RESIGN

LILY'S CATERING, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

H100000485803

Articles of Amendment to Articles of Incorporation of

	ATERING, INC.		
(Name of Corporation as curre	otly filed with the Florida Dent.	of State)	
	000010642		
(Document Num	ber of Corporation (if known)		
Pursuant to the provisions of section 607.1006 following amendment(s) to its Articles of Incorp		Profu Carporation adop	ots the
A. If amending name, enter the new name of	the corporation:		
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 designa	tion "Corp." "Inc." or	
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET	icable:		5 PM
14 Miles			MAR
	<u></u>		30.5
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u>E BOX</u>)		R-3 M 9: 23
			23
D. If amending the registered agent and/or re new registered agent and/or the new regist	gistered office address in Florid ered office address:	a, enter the name of the	<u> </u>
Name: of New Registered Agent;		···	
New Espistered Office Address.	(Florida street address)		
_		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered position.	<u>Resistered Agent:</u> agent. I am familiar with and	accept the obligations of	of the
Sig	mature of New Registered Agent,	tf changing	

H100000486803

If smending 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>	Name	Address	Type of Action
S	CAROLINA A CUEVAS	10351 SW 137 CT MIAMI FL 33186	Add Remove
P&S	MARIA L QUEZADA	10351 SW 137 CT MIAMI FL 33186	☑ Add □ Remove
			☐ Add ☐ Remove
	ling or adding additional Articles, en Iditional sheets, if necessary). (Be sp		
F. <u>Hanan</u> orovisir	nendment provides for an exchange, I ons for implementing the amendment	eclassification, of Cancellation of if not contained in the amendme	issued shares. Int itself:
(if n	ot applicable, indicate N/A)		
<u></u>			

<u>!</u>		H10000	o 485803
The date of each amendmen	t(s) adoption: 3/2/2010		
Effective date if applicable:			
<u>pappiron</u>	(no more than 90 days after amendm	ent file date)	
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/we by the shareholders was/w	are adopted by the shareholders. The mere sufficient for approval.	umber of votes cast for the amend	ment(s)
The amendment(s) was/we must be reparately provide	are approved by the shareholders through ad for each voting group entitled to vote	th voting groups. The following s e separately on the amendment(s)	tatement :
	cast for the amendment(s) was/were su	rfficient for approval	
by	(voting group)		
	(voting group)		
The amendment(s) was/we action was not required.	re adopted by the board of directors wi	thout shareholder action and share	eholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without	t shareholder action and sharehold	fer
010%	2040		
Dated 3/2/2	7440	•	
Signature	a director, president or other officer -	if directors or officers have not be	
sele	cted, by an incorporator – if in the hand		
app	ointed fiduciary by that fiduciary)		
	MADIA / OUTZADA		
	MARIA L QUEZADA (Typed or printed name of	(person signing)	
	PRESIDENT (Title of person sign	nipa)	
•	(Line or berson aigh	rra.	