P10000024276

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TALL AHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Awesome Gourmet Concepts, Inc.		
DOCUMENT NUMBER:	P10000024276		
The enclosed Articles of Amendment ar	nd fee are submitted for filing.		
Please return all correspondence concern	ning this matter to the following:		
	Laurence J. Edson, Esq.		
	Name of Contact Person		
Law (Offices of Laurence J. Edson, P.A.		
	Firm/ Company		
2	500 Hollywood Blvd., Ste. 201		
	Address		
	Hollywood, FL 33020		
	City/ State and Zip Code		
E-mail address: (1	Larry@larryedson.com to be used for future annual report notification)		
For further information concerning this	matter, please call:		
Laurence J. Edson	at (954) 243-8124 Area Code & Daytime Telephone Number		
	nount made payable to the Florida Department of State:		
\$35 Filing Fee \$43.75 Filing Fee Certificate of Stat			
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

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	urmet Concepts, Ind	19.3
(Name of Corporation as curre	•	COORDINATE STATE
	000024276 ber of Corporation (if kno	TALLAHASSEE, FLORIDA
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	• `	,
A. If amending name, enter the new name of	the corporation:	
name must be distinguishable and contain to abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "prof	designation "Corp," "Inc	c," or "Co". A professional corporation
B. Enter new principal office address, if appl (Principal office address MUST BE A STREET		·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC		
D. If amending the registered agent and/or renew registered agent and/or the new regis		n Florida, enter the name of the
Name of New Registered Agent:		******
New Registered Office Address:	(Florida street address)	
-	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changin I hereby accept the appointment as registered ag	gent. I am familiar with a	
C;	ianature of New Registered	d Agent if changing

removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) Type of Action **Title** <u>Address</u> **Name** Preside Sylvia A. Detrio ✓ Add 15492 SW 39th St. Remove Miami, FL 33185 Michael Pollio Vice-Pr 3100 NE 49 ST, APT, 901 Secret Lillie Detrio __ 🗹 Add 15492 SW 39th St. Miami, FL 33185 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

1	8/28/2010
The date of each amendment(s)	(date of adoption is required)
Effective date if applicable:	V/ CB/ 2010
(1	no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	voting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated <i>8/_</i>	28/2010
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	MICHAEL POLLIO (Typed or printed name of person signing)
	VICE PRESIDENT (Title of person signing)