P100000 15709

(Re	equestor's Name)	
(Ac	idress)	40 100
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL ,
(Ви	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
·		

Office Use Only



000191839120

01/20/11--01027--007 **\$2.50

AFPROVLY
AND
FILED

11 FEB 22 PH 4: 28
SECRE IARY OF STATE
FALLAHASSEE, FINALE

133/V

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION:	Be'wiched Cafe & Caterin	g, Inc.
DOCUMENT NUM	BER:	P10000075709	·
The enclosed Articles	s of Amendment and fee a	are submitted for filing.	
Please return all corre	espondence concerning th	is matter to the following:	
		Suralle Estevez	
	,	lame of Contact Person	
		Firm/ Company	
		030 SW 162 Street	
		Address	
		metto Bay, FL 33157 City/ State and Zip Code	
	Sura	lle@gmail.com	····
For further information	on concerning this matter,		
	sie Estevez	•	99-9401
Name of	Contact Person	Area Code & Daytime Te	lephone Number
Enclosed is a check for	or the following amount n	nade payable to the Florida Depar	rtment of State:
□ \$35 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	✓ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addu Amendment S Division of Co P.O. Box 632	ection orporations	Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 3, 2011

SURALLE ESTEVEZ 9030 SW 162 ST PALMETTO BAY, FL 33157

SUBJECT: FOUNTAINHEAD ANESTHESIA, P.A.

Ref. Number: P01000075709

We have received your document for FOUNTAINHEAD ANESTHESIA, P.A. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

We recieved your document on 01/20/11 so the date of adoption can not be 01/31/11 you also put the signature date as 01/31/11 which can not be.

Please return your document, along with a copy of this letter, within 60 days or vour filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (1850) 245 8957.

∵Tragy L Lemieux ∷Regulatory Specialist II

Letter Number: 711A00002961

Articles of Amendment Articles of Incorporation

Be'wiched Cafe & Catering, Inc.

(Name of Corporation as currently filed with the Florida Dept, of State)

P10000075709

(Document Number of Corporation (if known)

SECRETARIA PH 4: 20 Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

	ourmet Catering, Inc.	The
me must be distinguishable and contain to breviation "Corp.," "Inc.," or Co.," or the me must contain the word "chartered," "prof	designation "Corp," "Inc,"	or "Co". A professional corpora
Enter new principal office address, if appl rincipal office address <u>MUST BE A STREE</u> T		-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		
If amending the registered agent and/or re	egistered office address in F	lorida, enter the name of the
new registered agent and/or the new regis	tered office address:	
Name of New Registered Agent:		194
	(Florida street ada	ress)
New Registered Office Address:		
New Registered Office Address:		, Florida
New Registered Office Address:	(City)	, Florida (Zip Code)

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)			
<u> Fitle</u>	<u>Name</u>	Address	Type of Actio
<u></u>	Claudio Finazzo	9030 SW 162 Street Palmetto Bay, FL 33157	Add ☑ Remove
<u></u>			
provis		inge, reclassification, or cancellation o Iment if not contained in the amendme	
		· · · · · · · · · · · · · · · · · · ·	
		· · · · · ·	

The date of each amendment	t(s) adoption: January 20, 2011	
Effective date <u>if applicable</u> :	(date of adoption is required)	
incense date <u>n 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(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statemened for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	<u>"</u>	
,	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated Janu Signature	uary 20, 2011	
(By sele	a director, president or other officer – if directors or officers have not been exted, by an incorporator – if in the hands of a receiver, trustee, or other court cointed fiduciary by that fiduciary)	
	Suralle Estevez	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	