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DIVISION OF CORPORATIONS

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: CATER TOO YOU MULTI-Service STA
DOCUMENT NUMBER: 41100000044444
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Shalauda Xavier
Name of Contact Person
CATER TOO YOU Hulti-Service-INC.
Firm/ Company
1129 NE 163 rcl Street
Address
North Hiam, Deach, +1 33162
City/ State and Zip Code /
CATERTOOYU @ Hotmailicom
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Shelenda Xevier =1, 954, 381-9844
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status  \$43.75 Filing Fee & Certificate of Status  Certificate of Status  (Additional copy is enclosed)  \$43.75 Filing Fee & Certificate of Status  (Additional copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

**Articles of Amendment** Articles of Incorporation

(Document Number of Corporation (if known)

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

A. If amending name, enter the new name of the corporation;	
CATER TOO YOU Multi-	-Service FUC
The new name must be distinguishable and contain the word "corpo	oration," "company," or "incorporated" or the
abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp, name must contain the word "chartered," "professional association	""Inc," or "Co". A professional corporation
nume musi contain the word chartered, projessional association	or the dooreviation F.A.
B. Enter new principal office address, if applicable:	1124 NE 163° Street
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	North Wiam Broch F
	140111 Pillilli Seach II
	<u>33162</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7.0.BOX 267233
man but but to the total but the but	11/25/2 +1 22200
	Weston 1+1 3326
D. If amending the registered agent and/or registered office add	
new registered agent and/or the new registered office address	<u>u</u> .,
Name of New Registered Agent: She Cup A	Xavier
90 111/1021	C 3:101011
TH MUTAS	eet address)
(Piorida str	eet daaress)
New Registered Office Address: MIAMI ( A)	1en , Florida 33169
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
(X balanda N	
Signature of New Registered	Agent, if changing

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

Title(s)	Shalauda Xevier	Address 1129 NE 163rc/ North Hiam Beach
2) 19	Flavie Gerver	1109 NE 163 rd Noven Mirm Bach
3)	Francios Osikas	33162 99 UW 183 mirmi, Fl 33169
4 <u>0</u>	Staphan St. Louis	880 NE 139 MIAMI, 33(6)
5)	Marjorie Bimin	99 NW 183 NOAMI, FI 33169
6)		
<u>If REMOVING a</u>	n officer and/or director, please list the title(s) :	and name of the officer/director to be removed:
	Name Title(	s) Name
1) 1/2 .	Stophan Samtharis 4)	
2) <u>V.P</u>	Shalanda Xovier. 5)	
2)		

E. If amending or adding additional Articles, enter ( attach additional sheets, if necessary). (Be specif	
to whom it	may concern,
I'm changilia	Article II, Article V.
L'm changilig Articale VI	Article VII. Whank
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J	
	wurs trulen
	J
	The Now State
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	<u></u>
<u> </u>	
F. If an amendment provides for an exchange, reclar provisions for implementing the amendment if n (if not applicable, indicate N/A)	ssification, or cancellation of issued shares, ot contained in the amendment itself:
	***************************************

The date of each amendment(s) adoption:
Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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"  (voting group)
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 12-214-2011
Signature Signature
(By a director, president or other officer - if directors or officers have not been
selected, by an incorporator - if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
Stephan Saint Lauis
(Typed or printed name of person signing)
President.
(Title of person signing)