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SECRETARY OF STATE
TALL AHASSEF FI ORIOL

C. GOLDEN

JUL 1 1 2019

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Southern Charm K	itchen, Inc.	
DOCUMENT NUM	BER: P11000027953		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	Omar Oselimo		
		Name of Contact Person	1
	Southern Charm Kitchen, Inc		
	Southern Charles Personal, the	5.4	
		Firm/ Company	
	2826 NE 19th Drive		
		Address	
	Gainesville, FL 32609		
		City/ State and Zip Code	
		,	
oma	@reggaeshackcafe.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Arpita Oselimo		at (352	870-7774
Name of Contact Person		at (Area Co	de & Daytime Telephone Number
			,
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artinent 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 Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton	Address Iment Section on of Corporations a Building Executive Center Circle

Tallahassee, FL 32301

FILED

Articles of Amendment to Articles of Incorporation of

2018 JUL -9 AM 11: 32

Southern Charm Kitchen, Inc.			SECRETARY OF STAT
(Name	of Corporation as curre	ntly filed with the Florida Dept. of Sta	TALLAHASSEE-FLORI
211000027953			
	(Document Number	of Corporation (if known)	
rursuant to the provisions of section 607 section Articles of Incorporation:	7.1006, Florida Statutes, th	is Floridu Profit Corporation adopts th	e following amendment(s) to
. If amending name, enter the new n	ame of the corporation:		
			The new
ame must be distinguishable and cor Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	nation "Corp," "Inc," or	tion," "company," or "incorporated" "Co". A professional corporation no i "P.A."	or the abbreviation
. Enter new principal office address, Principal office address <u>MUST BE A S</u>			
			
			
Enter new mailing address, if appl (Mailing address MAY BE A POST			
			
If amending the registered agent an new registered agent and/or the ne	nd/or registered office ad w registered office addre	dress in Florida, enter the name of thess:	<u>e</u>
Name of New Registered Agent Omar Oscilino			
THE STATE OF THE S	2826 NE 19th Drive		
	(Florida :	street address)	
New Registered Office Address:	Gainesville	m · · ·	32609
MEN REGISTER Office Address.		(City) Florid	a(Zip Code)
			, , , , , , , , , , , , , , , , , , ,
ew Registered Agent's Signature, if c	hanging Registered Ager	<u>it:</u>	
wice, accept the appointment as regist	tereti ageni. Tam jamiliai	r with and accept the obligations of the	position.
	/ X/_		
	Signature of New	Registered Agent, if changing	

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	Name	Address
i) Change	CO-P	Arpita Oselimo	2826 NE 19th Drive
Add			Gainesville, FL 32609
Remove			
2) Change			
Add			
Remove			
3) Change	.		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

4 3	i <mark>dding additional</mark> ; l sheets, if necessar	y). (Be specific	;			
I/A						
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<u> </u>						
		·				
<u>f an amendment</u> provisions for it	t provides for an emplementing the a	xchange, reclass mendment if no	ification, or cand t contained in the	cellation of issued	l shares, if:	
(if not applie	cable, indicate N/A)			•••	
VIA						
Ţ				<u> </u>		-
					<u> </u>	
						

06/30/2018	of palme them the
The date of each amendment(s) adoption:date this document was signed.	, if other than the
06/30/2018	
Effective date if applicable:	
(no more than 90 da	ys after amendment file date)
Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The numby the shareholders was/were sufficient for approval.	nber of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to vote	
"The number of votes cast for the amendment(s) was/were su	fficient for approval
by	. "
(voting group)	
 The amendment(s) was/were adopted by the board of directors with action was not required. The amendment(s) was/were adopted by the incorporators without action was not required. 	
06/30/2018	
Dated	_
Signature (By a director, president or other officer- selected, by an incorporator – if in the ha appointed fiduciary by that fiduciary)	
Arpita Oselimo	
(Typed or printed name	e of person signing)
CO-P	
(Title of p	erson signing)