P110000035344

| (Re | questor's Name) | | |
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| PICK-UP | ☐ WAIT | MAIL | |
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04/02/15--01011--004 **35.00

SECRETARY OF STATE OIVISION OF CORPORATION:

Amend Marie 104,13,15

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: LES DISCIPLES D'ESCOTTIER INTERMATIONALUSA, SOC OF FLORIDA. CO |
|------------------------------------------------------------------------------------------------------|
| DOCUMENT NUMBER: 1100035344 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| DR JURGUE BREVERY CHRIRAN Nume of Contact Person |
| Nume of Contact Purson |
| 2442 FARFIELD SHELF - TENHANDED FT FOLLOWN FOR S302 City/ State and Zip Code |
| Holliwan Flass 3302 |
| City/ State and Zip Code |
| Strevery Q graceil. Com. |
| E-mail address: (to be used for luture annual report notification) |
| For further information concerning this matter, please call: |
| D' Facquel BREVERY at (954), GOLD 9840 Name of Contact Person Area Code & Daytime Telephone Number |
| 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 |
| Mailing Address Amendment Section Street Address Amendment Section |

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, F1, 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 7, 2015

DR. JACQUES BREVERY 2442 GARFIELD STREET HOLLYWOOD, FL 33020

SUBJECT: LES DISCIPLES D'ESCOFFIER INTERNATIONAL USA, SOCIETY

DE FLORIDA, CO

Ref. Number: P11000035344

We have received your document for LES DISCIPLES D'ESCOFFIER INTERNATIONAL USA, SOCIETY DE FLORIDA, CO and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must have original signatures.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 415A00006871

Articles of Amendment to Articles of Incorporation

| At titus of the | i por acion |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| LES DISCIPLES DESCOTTIER INTERNATIO | NATE USE, SOCIETY OF FLORIDA. CO |
| (Name of Corporation as currently filed with the Fie | orida Dept. of State) |
| P11000035344 | |
| (Document Number of Corporation (if | known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this Fits Articles of Incorporation: | Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| IS AMIS N'ESCOTTIER SOCIETE | DE FLORIDE, CO The new |
| name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp,," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I | ," "compuny," or "incorporated" or the abbreviation To". A professional corporation name must contain the |
| • • | 2442 GARFIELD street |
| B. Enter new principal office address, if applicable: (Principal office address MUST RE A STREET ADDRESS) | |
| (Frincipal office dutiess MOST BE A STREET ADDRESS) | HOW WOOD FL 33020 |
| | |
| | 35 N.S. |
| C. Enter new mailing address, if applicable: | is of |
| (Malling address MAY BE A POST OFFICE BOX) | PR OFF |
| | 5 |
| | 2 (22.0) |
| | Q V |
| D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address: | ess in Florida, enter the name of the |
| Da Spect of C | BREVER! |
| Name of New Registered Agent | 1000 |
| guy GARTI | elD stact |
| (Florida stre | |
| New Registered Office Address: | , Florida 33020 |
| (City) | (Xip Code) |
| | |
| | 1 |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. Tym familiar w | . out and accept the obligations of the position. |
| (12)w | |
| Signature of New Registered | gent if changing |
| alghatare of the Registered h | y - manan's |
| | - |

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)

Example:

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

P = President; V- Vice President; T- Treusurer; 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.

| X Change | PT John Doe | |
|----------------------------|-----------------------------------|--------------------------------|
| X Remove | V Mike Jones | |
| X Add | SV Sally Spith | |
| Type of Action (Check One) | Title Name Pr (1) Jacques BREVERY | Address 21942 GARFIELD Ste |
| Add Remove | | Helywas 33020 |
| (2) Change | SEC STAFFORD DE CAMBRA | 1834 LONG LEAF RIOGE ATMORE |
| Remove 3) Change | | AL 36502 |
| Add Removo | | |
| 4) Change | | |
| Remove 5) Change | | |
| Add Remove | | |
| 6) Change | | |
| Remove | | |

| | (Be specific) |
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| f an amendment provides for an excl | hange, reclassification, or cancellation of issued shares, |
| provisions for implementing the ame | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |
| I an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A) | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |
| provisions for implementing the ame | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |
| provisions for implementing the ame | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |
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| provisions for implementing the ame | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |
| provisions for implementing the ame | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |

| The date of each amendment(s) ad date this document was signed. | option: | , if other than the |
|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| Effective date if applicable: | | |
| | (no more than 90 days after umendment file date) | _ |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were ado by the shareholders was/were sul | pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval. | |
| The amendment(s) was/were app must be separately provided for | roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s): | |
| "The number of votes east | for the amendment(s) was/were sufficient for approval | |
| by | (voting group) . | |
| <u></u> | (voting group) . | |
| The amendment(s) was/were ado action was not required. | pted by the board of directors without shareholder action and shareholder | |
| The amendment(s) was/were adoption was not required. | pled by the incorporators without shareholder action and shareholder | |
| Dated Hijor | 101.12015 | |
| Signature (Ry a di | rector, president or other officer - if directors or officers have not been | |
| selected | by an incorporator – if in the bands of a receiver, trustee, or other court ed fiduciary by that fiduciary) | |
| : | (Typed or printed name of person signing) | _ |
| | | |
| | TREIL- (TATRIDA) | |
| | (Title of purson signing) | |