## P11000051082

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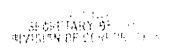
C LEWIS

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Palmetto Bay Food	d Service, Inc		
DOCUMENT NUM	BER: P11000051082			
	s of Amendment and fee are su	abmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	shelley schwadron			
		Name of Contact Perso	n	
	Palmetto Bay Food Service, INc			
		Firm/ Company		
	18001 old cutler road #362	• •		
	Address			
	Miami, FL 33157			
		City/ State and Zip Cod	le	
dash	el18@aol.com			
	9	sed for future annual report	notification)	
For further information	on concerning this matter, pleas		238-5881	
Name of Contact Person		at (305 ) 238-5881  Area Code & Daytime Telephone Number		
Enclosed is a check for	or the following amount made			
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Am Div P.O	iling Address endment Section ision of Corporations Box 6327 lahassee, 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



Palmetto Bay Foos Service, Inc

2017 JAN 23 AM 10: 34

(Name of Corporation as current	y filed with the Florida Dept. of State)
P11000051082	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The _new
name must be distinguishable und contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ' word "chartered," "professional association," or the abbreviation	'Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	Aaron Dreilinger
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	18001 old cutler road #362
	Miami, FL 33157
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida st	reet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
	•
Simulation of Manager	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, (finecessury)

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	<u>P.L</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	V	Aaron Dreilinger	18001 old cutter road #362
x Add			Miami, FL 33157
Remove			
2) Change			
Add			
Remove			
3)Change			<del></del>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
б) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)		
***************************************			
		12	
	141		
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			<del></del>
		A	
If an amendment provides for an exch provisions for implementing the ame	ange, reclassification, or cancel	lation of issued shares,	
(if not applicable, indicate N/A)	idinette ii not contained ii tue a	menument usen.	
	, <u>, , , , , , , , , , , , , , , , , , </u>		
			<del></del>

The date of each amendment(s)	January 16, 2017	t a l <b>e</b> k	thar than tha
date this document was signed.	adoptions	NYISIAH DE CER	ther than the $(1, 2, 2)$
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	2017 JAN 23	<del>411</del> 10: 34
Note: If the date inserted in this document's effective date on the I	s block does not meet the applicable statutory filing requirements, Department of State's records.	this date will not be	listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amend sufficient for approval.	lment(s)	
	pproved by the shareholders through voting groups. The following sor 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 a action was not required.	dopted by the board of directors without shareholder action and shar	reholder	
action was not required.  January 1 Dated  Signature  (By a selec	director, president of other officer if directors or officers have not ted, by an incorporator if in the hands of a receiver, trustee, or othe inted fiduciary by that fiduciary)	been	
	David Schwadron		
	(Typed or printed name of person signing)		<del></del>
	President		
	(Title of person signing)		