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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone #	‡)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Name	<u>-</u>
		,
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer	
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JUN 20 2017 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	DURROVA		MANAGEN	MENT INC
-	of Amendment and fee are su		ກອ.	
	oondence concerning this ma		_	
	MELANIE OBER			
- -	VICLAVARE, ODER	Name of Co	ontact Person)
-		——————————————————————————————————————	Company	
	P.O. BOX 8762		· · · · · · · · · · · ·	
-		Ad	dress	
· -	WEST PALM BEACH, FL 3	3407		
		City/ State (and Zip Cod	e e
CATE	ELLEWOOD@YAHOO.CC)M		
	E-mail address: (to be us	sed for future a	nnual report	notification)
For further information	concerning this matter, pleas	se call:		
CHERYL THOMAS		at (561	758-4317
Name o	f Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the	Florida Depa	ortment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Fi Certified ((Additional enclosed)	Copy d copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address indment Section if Corporations Box 6327 hassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CORDON BLEU CATERING & MANAGEMENT INC

(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the tast Articles of Incorporation:	ollowing	amendment(s) t
A. If amending name, enter the new name of the corporation:		
CORKS AND FORKS CATERING INC	7	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" of "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co", A professional corporation nam word "chartered." "professional association," or the abbreviation "P.A."		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
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 address in Florida, enter the name of the new registered agent and/or the new registered office address:	11 17.	
Name of New Registered Agent		
(Florida street address)		
New Registered Office Address: Florida		
(City)	(Zqp Ce	ode)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the pe	isition.	

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	<u>PT</u>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3.) Change	,		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
Kellove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
	-
-	
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(ў посаррявате, таване 1978)	
·	

JUNE 10, 2017	
The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	I not be listed as the
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)	
☐ 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.	
JUNE 10, 2017 Dated	
Signature Melane Ober	
(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)	_
MELANIE OBER	
(Typed or printed name of person signing)	
DIRECTOR	
(Title of person signing)	