AVIOLULIA CHROMARION 2000 3 https://efile.sunbiz/org/scripts/efileovr.ext

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H150001316083)))



H150001316083A9CZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

•			
To:			ngaring In
	Division of Co	rporations	<u></u>
,	Fax Number	: (850)617-6380	
From:			,
	Account Name	: FASTKIT CORP	ىلى دۇر
	Account Number	: 120100000009	,;
	Phone	: (305)599-0839	
	Fax Number	: (305)592-9591	50 00
		•	ြို့ကြို့ ဟ
**Enter the ema	il address for th	nis business entity to be	used for future
annual reg	port mailings. En	ter only one email address	ss please. **
Email Add	ress:	· ·	
		:	

COR AMND/RESTATE/CORRECT OR O/D RESIGN JJ CATERING FOOD AND SERVICES CORP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

JUN 0 4 2015 C MCNAIR



June 3, 2015

FLORIDA DEPARTMENT OF STATE

JJ CATERING FOOD AND SERVICES CORP

1017 S.W. 11TH ST MIAMI, PL 33129

SUBJECT: JJ CATERING FOOD AND SERVICES CORP

REF: P12000007345

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The incorrect form was submitted. Please complete form pursuant to a Florida Profit Corporation. Note also Section D must be completed by new Registered Agent.

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair Regulatory Specialist II FAX Aud. #: E15000131608 Letter Number: 115A00011630

PECTIVED

15 Jun - 3 PR 3: 07

Articles of Amendment to Articles of Incorporation

(Name of Corporation as currently filed with the Florida Dent. of State) 12000007345 (Document Number of Corporation (if known) ursuant to the provisions of section 617,1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following		•		三 5
AFficies of Incorporation of UCATERING FOOD AND SERVICES CORP (Name of Corporation as carrently filed with the Florida Dens. of State) P2000007345 (Document Number of Corporation (if known) usuant to the provisions of section 617,1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following mendment(s) to its Articles of Incorporation: If smeading name, enter the new mans of the sorporation: The new one must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." Company" or "Co." may not be used in the name. Buter new office address if Applicable: Principal office address if Applicable: (Mailing artifices MAY BEA FOST OFFICE BOX) Lenter new mailing address, if applicable: (Mailing artifices MAY BEA POST OFFICE BOX) Lenter new mailing address, if applicable: Name palatered again and/or the new resistered office address in Florida, anter the name of the new resistered again and the registered office address. Name palatered Office Address: Name of New Registered Office Address: Name Registered Office O		Articles of Amendment		
If CATERINO FOOD AND SERVICES CORP (Name of Corporation as carrently filed with the Florida Dept. of State) (Plano0007345 (Document Number of Corporation (if known) ursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following mendment(s) to its Articles of Incorporation: If anonding name, enter the new agins of the sorporation: The new arms must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." Company" or "Co." may not be used in the name. Buter new orineipal office address if applicable; rineipal office address in Applicable; (Mailing address MATBEA ASTREET ADDRESS) Lenter new multiple address, If applicable; (Mailing address in Riorida, enter the name of the new resistered office address. Name of New Registered Agent: Name of New Registered Office Address: Name Registered Office Address: Many Registered O		• •		i
(Name of Corporation as extremity filed with the Florida Dept. of State) (Document Number of Corporation (if known) usuant to the provisions of section 617,1006, Florida Standes, this Florida Not For Profit Corporation adopts the following mendment(s) to its Articles of incorporation: If anendment a distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." Company" or "Co." may not be used in the name. Buter new principal office address if applicable: Principal office address MAYBE A STREET ADDRESS.) Linter new mailing address. If applicable: (Mailing address MAYBE A FOST OFFICE BOX) May Registered agent and/or registered office address in Florida, enter the name of the new registered office address. Name of New Registered Agent: Name Registered Office Address: Name Registered Office Address: MANGE Florida 133037 (Cip Code) New Registered Office Address: MANGE Signature. If changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and paccept the obligations of the position.		• •		هـ) ۱ ' ا
(Document Number of Corporation (if known) usuant to the provisions of section 617,1006, Florida Standes, this Florida Not For Profit Corporation adopts the following mendment(s) to its Articles of Incorporation: If a mending name, enter the new name of the corporation: The new of distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." Company" of "Co." may not be used in the name. Enter new principal office address if Applicable: Principal office address MAIST BE A STREET ADDRESS.) Lenter new mailing address. If applicable: (Mailing address MAIST BE A STREET ADDRESS.) Lenter new mailing address. If applicable: (Mailing address MAIST Agent and/or registered office address in Florida, enter the name of the new registered office address. Name registered agent and/or the new registered office address. Name Registered Office Address. Name Registered Office Address. MANG. Florida 133037 (Cip Code) Rew Registered Office Address. Provide tweet address. Florida 33037 (Cip Code)	JI CATERING FOOD AND SERVICES CORP			
(Document Number of Corporation (if known) utsuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following mendment(s) to its Articles of Incorporation: If amending name, enter the new name of the corporation: The new one of distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." Company" or "Co." may not be asset in the name. Enter new principal office address, if applicable: Principal office address if applicable: Principal office address if applicable: (Mailing address MAY BE A STREET ADDRESS) 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. Name of New Registered Agent: Name of New Registered Agent: Name Registered Office Address: MANCE (15530 S.D. 259TH ST (75740 S.D. 259TH ST (75740 S.D. 259TH S.T (75750 S.	(Name of Corporation	as carrently filed with the Florid	la Dent. of State)	77.1
Assume to the provincions of section 617,1006, Florida Stanutes, this Florida Not For Profit Corporation adopts the following mendment(s) to its Articles of Incorporation: If amending name, enter the new name of the corporation: The new time must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." Company" or "Co." may not be used in the name. Super new principal office address if applicable: Finelpal office address MUST BE A STREET ADDRESS; Lenter new mailing address. If applicable: (Mailing address MAY BE A POST OFFICE BOX) Lenter new mailing address. If applicable: (Mailing address MAY BE A POST OFFICE BOX) Lenter new mailing address. If applicable: (Mailing address MAY BE A POST OFFICE BOX) Mailing address MAY BE A POST OFFICE BOX May Registered Office Address: May Be September of May Be Registered Agent: May Be Signature. If chapping Registered Agent: Mark Registered Agent's Signature. If chapping Registered Agent: Mark Registered Agent as appointment as registered agent. I am familiar with any faccept the obligations of the position.	12000007345		,	
It amending name, enter the new name of the corporation: It amending name, enter the new name of the corporation: It amending name, enter the new name of the corporation or "incorporated" or the abbreviation "Corp." or "Inc." Company" or "Co." may not be used in the name. Enter new orineipal office address, if applicable; rineipal office address MUST BE A STREET ADDRESS.) Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX) If amending the registered neent and/or registered office address in Florida, enter the name of the new registered again and/or the new registered office address: Name of New Registered Again. Name of New Registered Again. Name of New Registered Again. Name of New Registered Office Address: WA Address: WA Address: WA Address: Was Registered Office Add	Docum	tent Number of Corporation (if kno	lwn)	14.4
The new time must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Carp." or "Inc." Company" or "Co." may not be used in the name. Buter new principal office address, if applicable; Principal office address if MUST BE A STREET ADDRESS) Enter new mailing address. If applicable; (Mailing address MAY BE A POST OFFICE BOX) If anyanding the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or tregistered office address. Have of New Registered Agent: New Registered Office Address: MANG (Florida sures address) MANG (Cip) (Cip Code) New Registered Office Address: Accept the appointment as registered agent. I am familiar with gas accept the obligations of the position.	ursuant to the provisions of section 617,1006, Flor mendment(s) to its Articles of Incorporation:	ida Statutes, this Florida Not For	Profit Corporation adopt	s the following
The must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." Company" or "Co." may not be used in the name. Buter new orincipal office address if applicable; Principal office address MUST BE A STREET ADDRESS.) Enter new mailing address. If applicable; (Mailing address MAY BE A POST OFFICE BOX) If amanding the registered agent and/or registered office address in Florida, enter the name of the new registered office address: Name of New Registered Agent: Name of New Registered Agent: Name Registered Office Address: MRAME (City) (City Code) New Registered Agent's Signature, if changing Registered Agent: hereby accept the oppositions of the position.	. If a mending name, enter the new name of the	corporation:		
Enter new principal office address if applicable; Principal office address if applicable; Principal office address if applicable; (Mailing address MAY BE A STREET ADDRESS) Lenter new mailing address if applicable; (Mailing address MAY BE A POST OFFICE BOX) Lenter new mailing address MAY BE A POST OFFICE BOX Lenter new mailing address MAY BE A POST OFFICE BOX Lenter new presistered agent and/or registered office address in Florida, enter the name of the new registered office address: Name of New Registered Apent: Name Registered Office Address: Name Registered Office Address: MANACL (City) (City) (City) (City Code) New Registered Apent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with graft accept the obligations of the position.				The new
Enter new principal office address if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amanding 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: Name of New Registered Agent: Name of New Registered Office Address: Name Registered Office Address: MRAME Florida 133032 (City) Cip Code) New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	ame must be distinguishable and contain the word Company" or "Co." may not be used in the name	"corporation" or "incorporated"	or the abbreviation "Col	rp. " or "Inc. "
Enter new mailing address. If applicable: (Mailing address MAY BE A POST OFFICE BOX) If amonding 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: Mane of New Registered Agent Name of the foother of the new registered Agent Name of the foother of the new registered Agent Name Registered Office Address: Name Registered Office Address: Name of the position Name of the position			•	
Enter new mailing address. If applies bic: (Mailing address MAY BE A POST OFFICE BOX) If any and ing the registered agent and/or registered office address in Florida, enter the name of the new registered affect address: Name of New Registered Agent: Name Registered Office Address: Name Regist	Enter new principal office address if applied	Me:		 _
Mailing address MAY BE A POST OFFICE BOX) If among 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: Name of New Registered Agent: Naw Registered Office Address: MRAME (City) (City) (City Code) New Registered Agent: New Registered Agent: (City) (City Code) (City Code) (City Code)	rnnespat office address MUST BE A STREET A	DORESS)		·
Mailing address MAY BE A POST OFFICE BOX) If among 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: Name of New Registered Agent: Naw Registered Office Address: MRAME (City) (City) (City Code) New Registered Agent: New Registered Agent: (City) (City Code) (City Code) (City Code)	• `	- 1/2		
Mailing address MAY BE A POST OFFICE BOX) If among 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: Name of New Registered Agent: Naw Registered Office Address: MRAME (City) (City) (City Code) New Registered Agent: New Registered Agent: (City) (City Code) (City Code) (City Code)	•			
Mailing address MAY BE A POST OFFICE BOX) If among 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: Name of New Registered Agent: Naw Registered Office Address: MRAME (City) (City) (City Code) New Registered Agent: New Registered Agent: (City) (City Code) (City Code) (City Code)	C. Enter new mailing address, if applicable:			
Name of New Registered Agent: Name of New Registered Agent: Name Registered Office Address: Name Registered Office Address: Name Registered Office Address:	(Mailing address MAY BE A POST OFFICE)	BOX)		
Name of New Registered Agent: Name of New Registered Agent: Name Registered Office Address: Name Registered Office Address: Name Registered Office Address:				
Name of New Registered Agent: Name of New Registered Agent: Name Registered Office Address: Name Registered Office Address: Name Registered Office Address:				
Name of New Registered Agent: Name of New Registered Agent: Name Registered Office Address: Name Registered Office Address: Name Registered Office Address:				
Name of New Registered Agent: Name of New Registered Agent: Name Registered Office Address: Name Registered Office Address: Name Registered Office Address:). If amanding the perintered agent and/or regi-	sternal office address in Florida, a	nter the unme of the	
Coso So TS9TH ST Florida surest address: MRANR Florida 33037 MRANR Florida 33037 (City) (Zip Code)	new registered agent and/or the new register	ed office address:	THE MITTER STATE	
Naw Registered Office Address: MANNE Manuary MANNE MA	Name of New Revisioned Agens:	Narbet Good	Ealez	
Naw Registered Office Address: MANAR Florida 33037		1753-1 41 759	カレムで	
MANCE Florida 33037 (City) (Cip Code) New Registered Avent's Signature, If changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.				
(City) (Zip Code) Wew Registered Avent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the abligations of the position.	New Registered Office Address:	, ,	•	
(City) (Zip Code) New Registered Assent's Signature, if changing Registered Assent: hereby accept the appointment as registered agent I am familiar with and accept the obligations of the position.		Marola	Florida	33032
New Registered Assent's Signature, if changing Registered Assent: hereby accept the appointment as registered agent I am familiar with and accept the obligations of the position.		(City)		(4)
hereby accept the appointment as registered agent I am familiar with and accept the obligations of the position.	_	• •-	,	•
	New Registered Agent's Signature, if changing !	Registered Agent:	ha millematings of the mast	tina
Standard American	, person arcebi ius abhailmeur वर 1981/1926 वर्षस	u i am jaminar triun ami jidaept i	ne obuganons of the posi-	IIVA.
Florence of Man Chairman days of the water		(as		- • · ·
معنصم من المناهل المساول المناهل المنا	-	- Kg		
		•		

Page 1 of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, at address of each Officer and/or Director heing added:

(Attach additional sheets, if necessary)

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

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

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

Example:

X Change	et lohn	Que :	
X Romove	V Mike	lones	
X Add	SY Sally	Smith	
Type of Action (Check One)	Title	Manc	Address
1) Change	V-P	NARDID A OCHOA DE ZAMBRAT	12530 SW 259 ST
Add			HOMESTEAD FL 33032
XX Romave			
2) Change	V-P	NAIBET GONZALEZ	12530 SW 259 ST
XX Add			HOMESTEAD FL 33032
Remove			
3) Change	SECRE]	NARDID A OCHOA DE ZAMBRAI	12530 SW 259 ST
XX Add			HOMESTAD FL 33032
Remove			
4) Change			
Add	_	• •	
Ramove			
5) Change			
Add			
Remays			
6) Change			
Add .			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary), (Be specific)
ARTICLE V OFFICER AND DIRECTORS
ADD NAIBET GONZALE2 AS A VICE - PRESIDENT
ARTICLE V OFFICER AND DIRECTORS
REMOVE NARDID OCHOA DE ZAMBRANO AS A VICE- PRESIDENT
add nardid ochoa de zambrano as secretary
articles of incorporation
ADD NAIBET GONZALEZ AS A REGISTER AGENT
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

_		06/01/2015	18.11.11.11
	if each amondment(s) ad scument was signed.	option:	if other than
Effective d	late Mapplicable:		
		(no more than 90 days after amendment file date)	
		ik does not meet the applicable statutory filing requirements, anment of State's records.	, this date will not be listed as the
Adoption	of Amendment(s)	(CHECK ONE)	
	mendment(s) was/were as were sufficient for approve	opted by the members and the number of votes cast for the a	rmendmoni(s)
	are no members or memical by the board of direct	ers entitled to vote on the amendment(s). The amendment(s) was/were
	Dated		
•	Signature	me due	·
1	have horbs	with the vice characters of the board, president or other officer in according, by an incorporator — if in the hands of a receiver, appointed fiduciary by that fiduciary)	-if directors , trustee, ur
	4	HELTOZ PLMERADO	And the second s
		(Typed or printed name of person signing)	
,		Presign	
		(Title of perong ciening)	

...