## P1200000004504

(Re	questor's Name)	
(Δα	dress)	
(Au	uiess <i>)</i>	
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SECONS TARKY OF STATE
AND ARREST FROM THE

Amend

DEC 12-2016
I ALBRITTON

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Elite Cuts Inc		
DOCUMENT NUM	D12000024524		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Bridget Correa		
		Name of Contact Person	1
	Elite Cuts Inc	-	
		Firm/ Company	·
	2472 SW Valnera St		
		Address	
	Port St Lucie, Fl 34953		
		City/ State and Zip Code	2
my-	10is@hotmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Bridget Correa		at (	618-5203
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment 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)
Am Div	iling Address tendment Section vision of Corporations b. Box 6327	Amend Divisio	Address Iment Section on of Corporations Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Elite Cuts Inc		
(Name of Corporati	ion as currently filed with the Florida Dept. of State)	
P12000024524		
(Docum	ment Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	la Statutes, this Florida Profit Corporation adopts the following	owing amendment(s)
A. If amending name, enter the new name of the co	orporation:	
		TI.
	rd "corporation," "company," or "incorporated" or to p;" "Inc," or "Co". A professional corporation name not abbreviation "P.A."	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO  D. If amending the registered agent and/or register new registered agent and/or the new registered	ered office address in Florida, enter the name of the	SECRETARY FRANCE
Name of New Registered Agent		<del></del>
	(Florida street address)	
New Registered Office Address:	, Florida	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	gistered Agent: I am familiar with and accept the obligations of the posit	ion.
Sign	nature 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	<u>PT</u>	John Doc	
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>Addres</u> s
1) Change	Pres	Ivan Correa	2472 SW Valnera St
X Add			Port St Lucie, Fl 34953
Remove			<del> </del>
2) X Change	VP	Bridget Correa	2472 SW Valnera St
Add			Port St Lucie, FL 34953
Remove			
3 ) Change	<del></del>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			_
Add			
Remove			
6) Change			
Add			
Remove			

c. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
provisions 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:
van Correa will hold 99% percent share of	
Bridget Correa will hold 1% share of Stock	<u>k</u>
	, , , , , , , , , , , , , , , , , , ,

	9/1/16	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
	1/16	
Effective date if applicable:	(no more than 90 days after amendment file date)	<del></del>
	(no more than 30 days after amenament file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date videous pepartment of State's records.	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 amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or 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 shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated	Wedget Caucal	
(By a	director, president or other officer - if directors or officers have not been	<del></del>
selec appo	ted, by an incorporator - if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary	
	Bridget Correa	
	(Typed or printed name of person signing)	<u> </u>
	Pres	
	(Title of person signing)	