## P1200083492

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SECRETARY OF STATE UNIVISION OF CORPORATIONS
14 JUN 17 PM 3: 13

C. LEWIS JUL 1 2014 EXAMBLES

## **COVER LETTER**

Division of Corpo			
NAME OF CORPOR	ATION: SOLU	adoran (	Luisine, Inc.
<b>DOCUMENT NUMB</b>	er:	00008	9 <del>1</del> 90
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	condence concerning this ma	tter to the following:	
-	Solution of the solution of th	Name of Contact Person Firm/ Company Address City/ State and Zip Cod sed for future annual report	Cuisine Inc 147 Ave. 233033 1.com
For further information	concerning this matter, pleas	se call:	
Qna I	f Contact Person	at ( 305 Area Co	5) 431-3365 de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)
	ing Address adment Section	· ·	Address Iment 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, FL 32301

## Articles of Amendment to Articles of Incorporation (Name of Corporation (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation, 'cbmpany," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the 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: Name of New Registered Agent (Florida street 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 with and accept the obligations of the position.

Signature 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 <math>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</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)  1) Change Add Remove	Title	Tavamillo, Gloria	Address 15260 SW 280 Street Honested, FL 33032
2) Change	SIT	Diaz, Ara D.	15260 Su 280 Street Homostead, Fi 3303
Remove 3) Change Add Remove	P	Diaz ara D.	15260 SW 280 St. Homesterd, Ft 3303
4) Change Add Remove	SIT	Brian A.Diaz	152605W2808 Homesterd, Fr 33035
5) Change Add Remove			
6) Change Add Remove	<del></del>		

Attach additional si	ling additional Articles heets, if necessary).	eles, enter change(s) h (Be specific)	ere:		
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provisions for imp	olementing the amer	ange, reclassification, idment if not contains	or cancellation of i	<u>ssued shares, nt itself:</u>	
(if not applica	ble, indicate N/A)				
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The date of each amendment(s) adoption: _ date this document was signed.  Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s) (C	HECK ONE)
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the amendment(s) rapproval.
	the shareholders through voting groups. The following statement and group entitled to vote separately on the amendment(s):
"The number of votes cast for the am	endment(s) was/were sufficient for approval
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(v	oting group)
action was not required.	te board of directors without shareholder action and shareholder the incorporators without shareholder action and shareholder
Dated	2/14
selected, by an in	esident or other officer – if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other court ry by that fiduciary)
	(Typed or printed name of person signing)
	President - Owner