P130009386

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Exceptional Caterer	rs Inc.	
	BER: P13000097326		
	of Amendment and fee are sub	omitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
	JENNIFER BERRIEL		
		Name of Contact Person	
	MAMA JENNIE'S ITALIAN	RESTAURANT INC	
		Firm/ Company	
	11720 N.E. 2 AVE		
•		Address	
	MIAMI, FL 33161		
•		City/ State and Zip Cod	e
MA	MAJENNIES@GMAIL.COM		
-	•	ed for future annual report	notification)
For further information	on concerning this matter, please	e call:	
JENNIFER BERRIE	i.	786 at (229-8638
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made p	ayable 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)
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

EXCEPTIONAL CATERERS INC.

2018 OCT 23 PM 12: 08

(Name	of Corporation as currently	filed with the Florid	A Dept. of State) = 5
P13000097326			RELATIONEELFL
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006. Florida Statutes, this F	lorida Profit Corpora	tion adopts the following amendment(s
A. If amending name, enter the new na	ame of the corporation:		
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	o". A professional c	
B. Enter new principal office address,			
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)			
D. If amending the registered agent an		ss in Florida, enter ti	ne name of the
new registered agent and/or the new Name of New Registered Agent	W registered office address: JENNIFER BERRIEL		
мине од меж кезуменей муст	11720 N.E. 2 AVE		
	(Florida stree	et address)	
New Registered Office Address:	MIAMI		. Florida
	(0	City)	(Lip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent: fered agent. Lam familiar wi	ith and accept the obli	gations of the position.
	Signature of New Re	gistered Agent, if char	- nging

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.

X Change	<u>PT</u>	John Doe	
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>	Address
1) Change	P	JOHN ZYNKO	11720 N.E. 2 AVE
Add			MIAMI, FL 33161
· X Remove			
2) Change	Р	JENNIFER BERRIEL	11720 N.E. 2 AVE
X Add			MIAMI, FL 33161
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
O Ch			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) 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)

. . . .

The date of each amendment(s) ado date this document was signed.	ption:	, if other than th
Effective date <u>if applicable:</u>		
	(no more than 90 days after amendment file	date)
Note: If the date inserted in this blo document's effective date on the Depa	ck does not meet the applicable statutory filing require rtment of State's records.	ments, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the cient for approval.	e amendment(s)
	ved by the shareholders through voting groups. The foll uch voting group entitled to vote separately on the amen	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action a	and shareholder
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and s	hareholder
OCTOBER I	7. 2018	
Dated)	
Simpling		
Signature(By a dire	ctor, president or other officer - if directors or officers i	lave not been
	by an incorporator – if in the hands of a receiver, trustee	
	I fiduciary by that fiduciary)	
JI	ENNIFER BERRIEL	
_	(Typed or printed name of person signing)	
P	RESIDENT, SECRETARY, DIRECTOR	

(Title of person signing)