## P14000036494

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Only States Elph Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Amend

AUG 1 9 2014 T. CARTER

## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Zellwood Country Kitchen, Inc DOCUMENT NUMBER: P140000 36494
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Paula DeFoe  Name of Contact Person  KPD Consulting
Name of Contact Person  KPD Consulting  Firm/ Company  150 E 15+ Street  Address
Address  A POPY TL 32703  City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Paula DeFoe at (407) 913-022  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  Mailing Address  Street Address  Street Address
Mailing Address Amendment Section  Street Address Amendment Section
Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building
Tallahassee, FL 32314  2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to

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Articles of Inco	rporation		
of .	V	_ 14 AUD -4	PH 2: 10
Lellwood Country	nitchen;	Lnc.	
(Name of Corporation as currently filed with the Flo	rida Dept. of State)		
<u> </u>			
(Document Number of Corporation (if k	(nown)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fits Articles of Incorporation:	lorida Profit Corporation ado	pts the following amer	ndment(s) to
A. If amending name, enter the new name of the corporation:			
		The	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation	ited" or the abbrevio on name must contain	ation 1 the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )			
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 new registered agent and/or the new registered office address:	s in Florida, enter the name	of the	
Name of New Registered Agent			
(Florida stree	t 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 wit	th and accept the obligations o	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 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	PT John Doc	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	D Lee, Chul H	6336 Buford St#304 Orlando, FL 32835
Remove  2) Change Add		
Remove 3) Change Add		
Add Remove  Remove		
5) Change Add Remove		
6) Change Add Remove		
□ □ Vemove		

	(Be specific)	
•		
<del></del>		
an amendment provides for an exch rovisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
an amendment provides for an exch rovisions 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;	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:  (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
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):	t
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(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.	
Dated 7/29/14	
Signature	
(By a director, president of 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)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Director	
(Title of person signing)	_