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(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: Uncle Robbie's Family Kitchen, Inc.				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Robert Manis Name of Contact Person				
Name of Contact Person Uncle Robbie's Family Kitchen Firm/ Company				
5610 Fort Pierce Blud Address				
Fort Rerce, FL 34951 City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Robert Maris Name of Contact Person at (772) Z07-7179 Area Code & Daytime Telephone Number				
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 \$43.75 Filing Fee Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations				

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED,

2015 JAN 23 PH 5: 03

Unde Kobbie's tanily Kitchen	, Inc	- sere Tany	OF STATE
(Name of Corporation as currently filed with the	Florida Dept. of State)	TALLAHASSE	E. FLORIDA
P 140000 57524 (Document Number of Corporation		VD 3 8	_
(Document Number of Corporation	(if known)	14 m	,
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	s Florida Profit Corporatio	n adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the corporation:			
NA _			_The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional cor		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA		_ _
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Nla		-
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		name of the	_
Name of New Registered Agent WA			
(Florida s	street address)	<u> </u>	
New Registered Office Address:	, Flo	rida	_
(Cit	y)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Ages I hereby accept the appointment as registered agent. I am familia. Signature of New Registered	r with and accept the obliga	ntions of the position.	

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:	c, and barry bin	inn, 57 us un mui.	
X Change	<u>PT</u> <u>Joh</u>	<u>nn Doe</u>	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
_X Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u>at</u>	Deborah Manis	Julo Fort Pierce Blud Fort Roce, FL 34951
Add Remove			Fat Roce, FL 34951
2) Change			
Add Remove			
3) Change			
Add Remove			40.00
4) Change			
Add Remove			
5) Change			
Add Remove			
6) Change			
Add			
Remove			

(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)	
,	••

date this document was signed.	roption:	, if other than
Effective date if applicable:		
Effective date in applicable:	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment(s) fficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ado action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	20-15	
Signature Rok	seet I Manis	
(By a di	irector, president or other officer – if directors or officers have not been	
	d, by an incorporator – if in the hands of a receiver, trustee, or other court ded fiduciary by that fiduciary)	
	• • • • • • • • • • • • • • • • • • • •	
, A	Robert L Manis	
	(Typed or printed name of person signing)	
i	Cobert (Manis (Typed or printed name of person signing) President (Title of person signing)	
	(Title of person signing)	