P14000090365

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 APR - 9 PH 3: 57

Smend

APR 1 0 2015 T. CARTER

COVER LETTER

Division of Corporations				
NAME OF CORPORATION DOCUMENT NUMBER:	1. <u>Can bber</u> 914000	en Jerk &	Gulle inc	
The enclosed Articles of America	adment and fee are suf	bmitted for filing.		
Please return all correspondence	e congerning this mat	Name of Contact Person Firm/ Company		
Levi Eri	f07 W CSSIMM H750 C nail address: (to be us	Address	L. Con	Heed
For further information concern Machine of Contact	Burla	at (32/	de & Daytime Telephone Number	
Enclosed is a check for the foll	owing amount made p	payable to the Florida Depa	artment of State:	
	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)	
Mailing Add	dress	Street	Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Incorporation				
Caubbean Jert so	SEGRETARY OF STATE			
(Name of Corporation as currently filed with the Flo				
P14000090365	15 APR -9 PH 3: 57			
· (Document Number of Corporation (if k	(nown)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this Flits Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to			
A. If amending name, enter the new name of the corporation:	\$ The new			
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.	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the			
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	5407 W. Talo Browson Memorel Kossimmee FC Zy746			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A			
D. If amending the registered agent and/or registered office address: Name of New Registered Agent	NA			
(Florida stree	t address)			
New Registered Office Address: (City)	, Florida(Zip Code)			
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi Signature of New Registered Agent	NM			

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 De	<u>oe</u>				
X Remove	<u>v</u>	Mike Jo	<u>ones</u>				
X Add	<u>sv</u>	Sally S	<u>mith</u>				
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	1 11	<u>Addres</u> s		
1) Change	CF	<u>o</u>	Elaine	Wiffer	132 C	Socolyn Fl	DK 23897
Add	,		. 1	•	<u>uxnp</u>	ncj pr	
2) Change	<u> </u>	_	Micole	Davis	97/2/ Coral	NW 142 Sirings	<u>51</u> 3307/
Remove 3) Change						15 APR	SECRET
Add						-9 PH	FILED TARY OF S ASSEE, FI
4) Change		_				3: 57	STATE ORIDA
Add Remove							-
5) Change							_
Remove							_
6) Change		_					_
Add							_
Remove							

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: 13/25/5	
(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):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
	=1.0
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	SECRETA ALLAHA 15 APR
	구 공항기
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	-9
Dated 03/25/15	OF STATI
Signature (By a director, president or 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)	
hudo/Ph Bucke	
(Typed or printed name of person signing)	
Wordent	
(Title of person signing)	