## P15000081520

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: AROMAS GOURN	MET INC
DOCUMENT NUMBER: P15000081520	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of Amendment and fee are sub	bmitted for filing.
Please return all correspondence concerning this mat	ter to the following:
RAMON SANTIAGO	
	Name of Contact Person
AROMAS GOURMET INC	
THOMAS GOODINET INC	P: 10
3225 S JOHN YOUNG PKW	Firm/ Company  Y
	Address
KISSIMMEE FLORIDA 347	
KISSIMIVIEE I GORIDA 347	
	City/ State and Zip Code
E-mail address: (to be us	ed for future annual report notification)
13 man 4451551 (10 00 wa	to Agent united report nonnearly
For further information concerning this matter, please	e call:
RAMON SANTIAGO	at ( )
Name of Contact Person	at ()
Enclosed is a check for the following amount made p	ayable to the Florida Department of State:
\$35 Filing Fee  \$\times \text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$62.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address 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 of

AROMAS GOURMENT INC

Pursuant to the provisions of section 607	(Daniel Niebon of Committing (if Inneren)	
Durguent to the provisions of section 607	(Document Number of Corporation (if known)	
its Articles of Incorporation:	1006, Florida Statutes, this Florida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	
AROMAS GOURMET INC		The new
	tain the word "corporation," "company," or "inconstation "Corp," "Inc," or "Co". A professional corporation." or the abbreviation "P.A."	
B. Enter new principal office address, Principal office address <u>MUST BE A S</u>		<u></u>
		<u> </u>
		•
C. Enter new mailing address, if appl (Mailing address MAY BE A POST	cable:	
(Mailing daaress MAT BE A POST	<u></u>	
		_
	<del></del>	30
	d/or registered office address in Florida, enter the n	lame of the
new registered agent and/or the ne		1947
Name of New Registered Agent	RAMON SANTIAGO	- 15 T
	3225 S JOHN YOUNG PKWY	The B
	(Florida street address)	200 20
N - P	KISSIMMEE	34746
New Registered Office Address:	(City)	, Florida(Zip Code)
	12/	, , , ,
New Registered Agent's Signature, if c	hanging Registered Agent:	
	ered agent. I am familiar with and accept the obligati	ons of the position.
_		
	Vma 1	
	whim Oppe	

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	P	RAMON SANTIAGO	3225 S JOHN YOUNG PKWY
Add			KISSIMMEE FLORIDA 34746
Remove			
2) Change	Р	ROLANDO FERNANDEZ	3225 S JOHN YOUNG PKWY
- Add			KISSIMMEE FLORIDA 34746
X Remove			
3 ) Change	_		
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
,			
6) Change	<del></del>		
Add			
Remove			

	l Articles, enter change(s) ary). (Be specific)		
<u> </u>		·	
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f an amendment provides for an	exchange, reclassification	, or cancellation of issued sh	ares,
	<u>amendment if not contain</u>	ed in the amendment itself:	
provisions for implementing the	•• /		
or implementing the (if not applicable, indicate N/)			
or implementing the (if not applicable, indicate N/.			
or implementing the (if not applicable, indicate N/.			
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provisions for implementing the (if not applicable, indicate N/.			
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orovisions for implementing the (if not applicable, indicate N/.			
(if not applicable, indicate NA			
orovisions for implementing the (if not applicable, indicate N/			

The date of each amendment		, if other than the
date this document was signed	OCTOBER 28, 2015	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date he Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wee by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement of 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)	
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
OCTO Dated Signature	DBER 28, 2015  Ram Sahe	
(E	y a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	
	CAMON Soutings	<del></del>
	(Typed or printed name of person signifig) PRESIDENT	i
	(Title of person signing)	
	(Time of person signing)	