P15000102356

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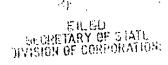
AUG 1 2016 C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ELOISE & EARN	ESTINE SOUL FOOD IN	C
DOCUMENT NUM	P15000102356		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	ABRAHAM ZIADEH		
		Name of Contact Person	n
	ABRAHAM ZIADEH CPA PA		
	Firm/ Company		
	9000 SHERIDAN ST, SUIT	E 104	
		Address	
	PEMBROKE PINES, FL 33024		
		City/ State and Zip Cod	e
For further information	E-mail address: (to be us	sed for future annual report	notification)
ABRAHAM ZIADE	н	at (651-1410
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable 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)
Malling Address Amendment Section Division of Corporations			Address
		Amendment Section Division of Corporations	
). Box 6327		Building
	lahassee, FL 32314		ixecutive Center Circle
		Tailaha	assee, FL 32301

Articles of Amendment to Articles of Incorporation of



ELOISE & EARNESTINE SOUL FOOD INC

2016 JUL 22 AM 8: 6.1

(Name of Corporation as cu	rrently filed with the Flori	da Dept. of State)
P15000102356		
(Document Nun	nber of Corporation (if know	m)
ursuant to the provisions of section 607.1006, Florida Statutes s Articles of Incorporation:	s, this <i>Florida Profit Corpor</i>	ration adopts the following amendment(s)
If amending name, enter the new name of the corporation	<u>on:</u>	
		The new
ame must be distinguishable and contain the word "corp, Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," ord "chartered," "professional association," or the abbrevic	" or "Co". A professional	"incorporated" or the abbreviation cosporation name must contain the
Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRESS</u>)		
. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POSTIDEFICE BOX)		
. If amending the registered agent and/or registered office new registered agent and/or the new registered office of	e address in Klorida, enter kdress:	the name of the
	101000	
Name of New Registered Arean		
(Flor	tilla street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
lew Registered Agent's Signature, if changing Registered	Agent:	
hereby accept the appointment as registered agent. I am fan	niliar with and accept the ob	ligations of the position.
	New Registered Agent, if ch	

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> <u>Jo</u>	hn Doe	
X Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	CHARLOTTE MICHELLE CHAVIS	5275 NW 158 TERR
X Add			MIAMI LAKES, FL 33014
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

<u>If s</u> (Att	amending or adding additional Articles, enter change(s) here: tach additional sheets, if necessary). (Be specific)
	,
f s pr	an amendmentippovides)(oziamexchange, reclassification, or cancellation of issued shares, revisions for/implementing/the amendment/fixed contained in the amendment itself;
	(if not applicable, indicate N/A)
	•

The date of each amendment(s) adoption:	if other than the
date this document was signed.	INVISION OF CORPORATION
Effective date if applicable:	- 0010 - 111 - O - 111 - O - 1 1
(no more than 90 days after amendment file date)	2016 JUL 22 AM 8: 41
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, t document's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	ment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following s 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)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required.	eholder
The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	der
MAY 23, 2016	
DatedSignature	
(By a director, president or other officer - if directors or officers have not selected, by an incorporator - if in the hands of a receiver, trustee, or othe appointed fiduciary by that fiduciary)	
ALICIA ETHERIDGE	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	