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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Crack Chili Inc DOCUMENT NUMBER: P1600010107
DOCUMENT NUMBER: P1600010107
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
H. Chandra Alexander
Name of Contact Person
Fig. 1 G
5218 Bayshore Blvd Unit 1
Tradition .
Tampa FL 33611 City/State and Zip Code
•
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
H. Chandra Hexander at (813) 857-4580 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 Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

SECRETARY OF SIMILON OF CORPORATION

Articles of Amendment to Articles of Incorporation

hil (Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations 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.

Mike Jones, v as Remo	ve, ana sa	uy smun, s	v as an Aaa.			
Example: X Change	<u>PT</u>	John Doe				
X Remove	<u>V</u>	Mike Jon	<u>es</u>			
_X Add	<u>sv</u>	Sally Smi	<u>th</u>			
Type of Action (Check One)	Title]	<u>Name</u>		<u>Addres</u> s	
1) Change Add	P57	DH.C	handra	Alexander	5218 Bayshore Unit 1	, Blvd
Remove					Tampa, FL 330	الم
2) Change	PSTI	ر ز	annesVa	ndoren	3312 W Price	Ave
Add					Tampa FL 336	1 (
Remove						
3) Change		 -				
Add						
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xuaen <i>aaaitional s</i>	ding additional Art sheets, if necessary).	(Be specific)				
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f an amendment	provides for an exc plementing the amo	hange, reclassi	fication, or ca	ncellation of i	ssued shares,	
(if not applied	able, indicate N/A)	indirent ii not	contained in t	ne amenome.	it tisen.	
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The date of each amendment(s) addate this document was signed.	loption:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De	plock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast 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)
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated	5/25/2017
Signature	Charella declused
	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 ted fiduciary by that fiduciary)
ж рролг	H. Chandra Alexander
	(Typed or printed name of person signing)
	President
	(Title of person signing)