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## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: Coastal Knife and Cutlery DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sheree Baron
Name of Contact Person Firm/ Company 2425 Nassau Fort Lauderdale, Fl. 33312 City/ State and Zip Code Shereeberkley@gmail.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sheree Baron at 954 600-1280
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: L \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address

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

TO: Amendment Section

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## **Articles of Amendment**

to Articles of Incorporation

| Atticles of the   | or por action                               |                                |
|---|---|--------------------------------|
| Coastal Kn  | ife & Cutlery                               | Inc.                           |
|   | y filed with the Florida Dept. of State)    | 1                              |
| P 16,000  | 2031289                                     |                                |
|   | f Corporation (if known)                    | F                              |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this a lits Articles of Incorporation:  | Florida Profit Corporation adopts the follo | owing amendment(s) to<br>ب     |
| A. If amending name, enter the new name of the corporation:   |   |                                |
| name must be distinguishable and contain the word "corporation," "c<br>"Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A<br>"chartered," "professional association," or the abbreviation "P.A." | A professional corporation name must co     |                                |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )   | 2425 Nassau<br>Fort Laudera                 | <u>Lane</u><br>lale, Fl. 33312 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | 2425 Nassay<br>Fort Lauderda                |                                |
| 2425<br>(Florida str  |   | 33312<br>(Zip Code)            |
| w Registered Agent's Signature, if changing Registered Agent:   | =   | ian                            |

Signature of New Registered Agent, if changing

ck if applicable

he aniendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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>     | John D       | <u>00e</u>        |                                      |
|----------------------------|---------------|--------------|-------------------|--------------------------------------|
| X Remove                   | <u>v</u>      | Mike J       | ones .            |                                      |
| _X Add                     | <u>sv</u>     | Sally S      | <u>Smith</u>      |                                      |
| Type of Action (Check One) | <u>Title</u>  |              | Name              | Address                              |
| 1) Change                  | P             | _            | Gareth Ojeda      | 4418 Morgan Lane<br>Davie, Fl. 33328 |
| Add                        |               |              |                   | <u>Davie, F1.33320</u>               |
| Remove                     | Δ             | . 'n         |                   | 1941 SW 87 Terr                      |
| 2) K Change                | <u>\$</u> ,   | VP.          | Sheree Baron      | Davie, F1. 355009                    |
| Add                        | $\mathcal{I}$ | •            |                   | 04:51 00 / 000                       |
| Remove Change              | 44            | <del></del>  | Michael Rosenbloo | om Ft Landerdale, Hi                 |
| Add                        | †             |              |                   | 33312                                |
| X Remove                   |               |              |                   |                                      |
| Change                     |               | _            |                   |                                      |
| Add                        |               |              |                   |                                      |
| Remove                     |               |              |                   |                                      |
| Change                     |               |              |                   |                                      |
| Add                        |               |              |                   |                                      |
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| amending or adding add<br>tach additional sheets, if |  |              |                                       |              |
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|  | s for an exchange, reclassific<br>ting the amendment if not co |              |                                       |              |
| (if not applicable, indi                             |  |              |                                       |              |
| areth C  | rieda and  | Michael      | 1 Rosenbl                             | DOM.         |
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| <u>cknowie</u>                                       | age all  | s naves      | Ut Coastal                            |              |
| 'utleru  | dge all<br>100% to sole invest                                 | Sheree       | Baron Wh                              | o has        |
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| seen si  | sle invest   | DLTLOM       | vegining.                             |              |
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| The date of each amendment   |                     | <del></del>            | , if ot   | her than the  |
|--|---------------------|------------------------|---|---------------|
| date this document was signed.                                     |                     | 12/22/-                | 20  |               |
| Effective date if applicable:                                      | NOW                 | no more than 90 da     | 20<br>rys after amendment file date)  |               |
|  |                     |                        |   |               |
| Note: If the date inserted in the document's effective date on the |                     |                        | e statutory filing requirements, this date will not be                              | listed as the |
| Adoption of Amendment(s)   | (CHE                | CK ONE)                |   |               |
| ☐ The amendment(s) was/were action was not required.               | e adopted by the in | corporators, or boar   | d of directors without shareholder action and shareho                               | older         |
| The amendment(s) was/were by the shareholders was/we               |                     |                        | mber of votes cast for the amendment(s)   |               |
|  |                     |                        | n voting groups. The following statement separately on the amendment(s):            |               |
| "The number of votes   | cast for the amend  | ment(s) was/were su    | ufficient for approval  |               |
| by all 3   | partne              | 2KS                    | .,  |               |
|  | (voting             | g group)               |   |               |
| Dated  | 12/22/20<br>Shee    | B                      |   |               |
| 3.6  |                     |                        | row   |               |
|  |                     |                        | - if directors or officers have not been nds of a receiver, trustee, or other court |               |
|  | pointed fiduciary b |                        | ,   |               |
|  | 51                  | heree                  | Baron   |               |
|  | (T                  | yped or printed nam    | e of person signing)  | <del></del>   |
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|  |                     | itle of person signing |   | <del></del>   |
|  |                     |                        |   |               |
| GA   | NETH D              | . Otem                 | -   |               |
| Mich   | nael Rose           | enbloom.               | -MZ   |               |