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COVER LETTER

•			
NAME OF CORPORATION	N: C+H E	yterprises,	INC. OF MHRH THON D/B/A HUZZICAND BAR+ GAILLA
DOCUMENT NUMBER: _	116000	00 9//68	
The enclosed Articles of Amer	ndment and fee are sul	omitted for filing.	
Please return all corresponden	ce concerning this mat	ter to the following:	
<u> </u>	TAROLD	CARL	Hillcher
	1+HE	Name of Contact Person The price of Service	LNC OF MHEATHON 1 P.O. Box 500007
46	50 Over	SOHS Huy	1 P.O. Box 500007
_N,		V FL City/ State and Zip Code	
hh:	Icher @	8 Outlook ed for future annual report	k, com
For further information concer	ming this matter, pleas	e call:	
HAROLD Hill Name of Conta	1/cher	at (32 / Area Co.	de & Daytime Telephone Number
Enclosed is a check for the fol	lowing amount made p	ayable to the Florida Depa	ertment 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 Address

TO: Amendment Section

Division of Corporations

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

Street Address

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

Articles of Amendment to Articles of Incorporation

C+H Enter prices Z	MC. OF MARATHON
	rrently filed with the Florida Dept. of State)
P160000	91768
	nber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	on:
N/A	The new
name must be distinguishable and contain the word "corpo" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," word "chartered," "professional association," or the abbrevia	oration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	P.O. Box 500007 MARH + how FL 33050
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	
Name of New Registered Agent	N/A
	ida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent. I am fam	
	New Registered Agent, if changing
Signature of a	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.

Example: X Change	<u>PT</u> <u>Joh</u>	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	<u>ke Jones</u>	
_X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	T/0_	Catherine Hillcher	
X Add			\$ 603
Remove			St. Potoeslover FL 3371
2) Change	V/D	H.C. Hillcher	
X Add			MARATHON
Remove		,	FL 33050
3) Change		<u>N/A</u>	
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		M/A	·
Add			
Remove			
6) Change			
Add		,	
Remove			

If amending or adding additional Artic	cles, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
	A//N
	//\. / //
	/ " /
	/
	
	
I an amendment provides for an excha provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	,
	4//
	N - N
V	' k / / I
	

The date of each amendment(s) adoption:
Effective date if applicable: 5 Ame
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 03-09-2018
Signature
(By a director, president of 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)
(Typed or printed name of person signing)
Vice President Director / RA (Title of person/signing)