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SECRETARY OF STATE

C. GOLDEN

JUL - 6 2018

COVER LETTER

TO: Amendment Section Division of Corporations Eats Food TRUCK, CORP. NAME OF CORPORATION: 17000026811 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company 19terrace. MIAMI F1 33125
City/ State and Zip Code ANI CO CIRCLE ECITS COM.

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sojani Glandino at 786 488 - 2709.

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 □\$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

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

FILED

Articles of Incorporation

2018 JUL -2 PM 4: 25

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Circus	Euts	Foc d	<u>T 120</u>	CK ,	Corp.		SECRETARY	LOF STAT
_	(<u>Name</u>	of Corporation a	s currently	filed with	the Florida Dep	t. of State)	TALLAHASSI	E E .FLOR
(Pin)	0000 Z	:81						
		(Document	Number of C	Corporation	ı (if known)	 _		
		1 100 C PL 11 C.	1	('	.			
ursuant to the provisions Articles of Incorpora		7.1006, Florida Sta	itutes, this F	lorida Proj	ut Corporation a	dopts the foll	owing amendmen	t(s) to
·								
. If amending name	<u>, enter the new r</u>	iame of the corpo	ration:	NIC)			
							The new	
ome must be disting, Corp.," "Inc.," or C ord "chartered," "pr	o.," or the desig	nation "Corp." "	Inc." or "Co	o". A pro	ny." or "incorpo fessional corpor D 1	orated" or t ution name t	he abbreviation nust contain the	
. Enter new princip Principal office addre			<u>SS</u>)			<u> </u>		
. Enter new mailing (Mailing address &					P/A	<u> </u>		
							-	
. If amending the re new registered ago				ss in Floric	ia, enter the nar	ne of the		
				ω	Λ			
<u>Name of New</u>	Registered Agent			- (Η	· -	_	
			(Florida stree	t address)		<u>. </u>	.	
New Registere	d Office Address					, Florida		
	<u> </u>		(0	City)		. 1 101104	(Zip Code)	
ew Registered Agent hereby accept the app	t's Signature, if pointment as reoi	changing Register stered agent - Lan	red Agent:	th and acci	ent the obligation	s of the naci	tizan	
эл этэгрү нь арр		are an agent, I di	- jammian 1911	tarita tat Ce	.pa me oongumn	s of the post	IOA.	
			N/	4				
		Signatur	- 1		ent, if changing	-		
		Signam	c of their net	sincien its	car. y cadaging			

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:

 ϵ

X_Change	<u>PT</u>	<u>John Doe</u>	
X Remove	<u>v</u>	Mike Jones	
$X \wedge dd$	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	_5	Maria Acosta	3441 NW 19 temas MIAMI Fl 33125
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove	<u></u>		
6) Change Add Remove			

. If amending or adding additional Ar (Attach additional sheets, if necessary)	. (Be specific)
(,, decoment one cost, y necessary)	
	NITI
	
	
If an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(ij noi applicable, inaicale NA)	/ ^
	$\mathcal{O}(A)$

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: $\frac{CC/29/18}{}$	
Effective date if applicable: OC/29/19 (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 w document's effective date on the Department of State's records.	rill not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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.	
Signature 43 Jandine	
Signature 43 Jandina	
(By a director, president or 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)	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	