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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: Fresh C	mutions FL, L	oL
DOCUMENT NUMBE	R: <u>1170</u>	0031574	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
	Боси.	Name of Contact Person Name of Contact Person Name of Contact Person Name of Contact Person Firm/ Company Sk 7 STE For Address Laton, FL 3 City/ State and Zip Cod Hld Q yahoo.	FL, Inc 211 3498
	E-mail address: (to be us	sed for future annual report	notification)
For further information c	oncerning this matter, pleas	se call:	
Maghan	Wohrlild	at (954) 427-3981
~ Name of (Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the	ne 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)
	g Address ment Section		Address Iment Section

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

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

Articles of Amendment to Articles of Incorporation of

Fresh Creations	il, Inc	
(Name of Corporation as current	tly filed with the Florida Dept. of State)	
P170000 31 5	76	
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must c	bbreviation
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	ALL	17
	200 D	N N
		5
C. Enter new mailing address, if applicable:		⊋ [11]
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	<u> </u>	
		<u> </u>
	ال 	
D. If amonding the registered agent and/or registered office add	luggin Elevide automake warm of the	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres		
Name of New Registered Agent		
Anne of New Negation Caragent		
(Florida st	reet address)	
New Registered Office Address:	(City) Florida (Zip C	Code)
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	
r nereby accept the appointment as registered agent. I am jaminar	with and accept the obligations of the position.	
Signature of New 1	Registered Agent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and address of each Officer and/or Director being added:	title, na	me, and
(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>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addręs</u> s
1) Change	VF	2 Angela Gennaro	20423 SR7
✓_ Add			STE F6-211
Remove			Boca luter FL, 33498
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		-	
Add			
Remove			

mach <i>additional sheets, i</i>	dditional Articles, if necessary). (Be	specific)			
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an amendment provide	as for an arabanca	moleccification	. om ogmostlation	of issued shows	
provisions for implemen	ting the amendme	nt if not contain	icd in the amend	i or issued sitares, iment itself:	
(if not applicable, inc	dicate N/A)				
		,			
				.	
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				444	

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	•
Effective date if applicable:	
(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 a document's effective date on the Department of State's records.	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 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)	7 7 7
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	AY 15
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	R FO
Dated Way 11, 2017	05
Signature 4	_
(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)	
Meghan Mohrfeld	
(Typed or printed name of person signing)	
- President	_
(Title of person signing)	