P17000034087

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City/	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
		<u>.</u>
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



500299632415

05/26/17--01003--011 **35.00

SECRETARY DESTRUCTOR DIVISION DE CORPORA PIGNE

JUN 0 6 2017 C MCNAIR

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	EMPIRE	Stace_	-SWIMWICH	corp.	
OCUMENT NUMBER: P17000034087					
The enclosed Articles of Amendment ar	d fee are submitted for fi	iling.			
Please return all correspondence concern	ning this matter to the foll	lowing:			
,	Carl	los Nu	nez		
Name of Contact Person					
Empire State Sandwich Co					
**************************************	Firm/	Company			
4225 Fleewell CT					
Empire State Sandwich Con Firm/Company 4225 Fleewell CT Address Valnuo, FL 33596					
-	City/ State and Zip Code				
	·	·			
E mail adde	ss: (to be used for future	annual ranget no	vtification)		
E-man addre	ss. (to be used for future	annuar report no	Jiiication)		
For further information concerning this	natter, please call:				
Canlos	Nuner at	917	, 337-14	14	
Name of Contact Person		Area Code	& Daytime Telephone	Number	
Enclosed is a check for the following an	ount made payable to the	: Florida Depart	ment of State:		
\$35 Filing Fee \$43.75 Fil Certificate	of Status Certified	l Copy nal copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address	•	Street Address			
Amendment Section Division of Corporation	ons	Amendment Section Division of Corporations			
P.O. Box 6327		Clifton Building			
Tallahassee, FL 32314	•	2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ent(s) to

A. If amending name, enter the new name of the cor	poration:			
name must be distinguishable and contain the word	State	Deli C	op.	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.' word "chartered," "professional association," or the a	" "Inc," or "Co	". A professional co	corporated" or the corporation name must	abbreviation contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDI</u>	RESS)			
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX	0			
D. If amending the registered agent and/or registere new registered agent and/or the new registered o		s in Florida, enter th	e name of the	
Name of New Registered Agent				_
	(Florida street	address)		-
New Registered Office Address:			, Florida	
	(Cı	(ty)	(Zip	Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I		h and accept the oblig	rations of the position.	
Ciana	turn of Many Page	istered Agent if chang	aina	_

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 <math>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>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add		•	-
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			No. 1860
Remove			
6) Change		<u> </u>	
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
	^)
·	
	Maria Ma
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares.
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself;

The date of each amendment(s) adoption: date this document was signed.	· May	24,	2017	, if other than th
Effective date if applicable:	May	24,	2017	
	o more than 90 days af	ter amena	lment file date)	
Note: If the date inserted in this block does not m document's effective date on the Department of State		utory filin	g requirements, thi	s date will not be listed as th
Adoption of Amendment(s) (CHECK	(ONE)			
The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appro		of votes c	ast for the amendme	ent(s)
☐ The amendment(s) was/were approved by the sha must be separately provided for each voting grou				lement
"The number of votes cast for the amendme	ent(s) was/were sufficie	ent for app	roval	
by(voting g	group)		.,,	
☐ The amendment(s) was/were adopted by the board action was not required.	•	shareholde	er action and shareh	older
☐ The amendment(s) was/were adopted by the incoraction was not required.	rporators without share	cholder act	tion and shareholde	г
Dated May 2	4, 2017	/ •		
Signature(By a director, president	or other officer - if di	rectors or	officers have not be	
selected, by an incorporappointed fiduciary by t	ator - if in the hands o			
	Carlos	Nu	ner	
(Турс	ed or printed name of p	person sign	ning)	
	Phes	i de	+	
****	(Title of person	signing)		