PM00049389

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(Bu	usiness Entity Nam	ne)		
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JUL 0 9 2018 S. YOUNG 18 JUL -2 PH 3: 2 SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPOR	ATION: 86 EXCUSES CU	JLINARY CONCEPTS IN	IC
DOCUMENT NUMB	P17000049389		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	BRYAN BELLAMY		
•		Name of Contact Person	n
	86 EXCUSES CULINARY	CONCEPTS INC	
•		Firm/ Company	
	500 SW RYDER RD		
		Address	
	PORT ST LUCIE FL 3495	3	
•		City/ State and Zip Cod	e
86ex	cusesculinaryconcepts@gr	mail.com	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
BRYAN BELLAMY		561	7150810
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the 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)
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 Articles of Incorporation of

86 EXCUSES CULINARY CONCEPTS INC

(Name o	f Corporation as currently	filed with the Florida Dept. of State)
P17000049389		
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	Clorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:	
		The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa-	ation "Corp," "Inc," or "C	" "company," or "incorporated" or the abbreviation or. A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		To the Time
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of	<u>OFFICE BOX</u>)	ess in Florida, enter the name of the
new registered agent and/or the new		
Name of New Registered Agent	BRYAN BELLAMY	
	500 SW RYDER RD	
	(Florida stre	et address)
New Registered Office Address:	PORT ST LUCIE	34953 Florida
		City) (Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	ered agent. I am familiar w	egistered 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.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	Ρ.	YONAHIL BONALDE	500 SW RYDER RD
Add			PORT ST LUCIE FL 34953
X Remove			
2) Change	Р	BRYAN BELLAMY	500 SW RYDER RD
2) Change X			PORT ST LUCIE FL 34953
Remove			
3) Change			
Add			
Remove			
_			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttaen titamionia sieets, ij meessaiji.	cles, enter change(s) h (Be specific)			
				
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				-
an amendment provides for an excl	ango realossification	or cancellation o	ficened chares	
provisions for implementing the ame	ndment if not contain	ed in the amendm	ent itself:	
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)		·		
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(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				

06/29/2018	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
06/29/2018 Effective date if applicable:	
(no more than 90 days after amendment file of	date)
Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	ments, this date will 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 by the shareholders was/were sufficient for approval.	amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following the separately provided for each voting group entitled to vote separately on the amend	
"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 a action was not required.	nd shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and slaction was not required.	hareholder
Dated	
(By a director, president or other officer - if directors or officers h	
selected, by an incorporator - if in the hands of a receiver, trustee,	, or other court
appointed fiduciary by that fiduciary)	<u>le</u>
(Typed or printed name of person signing)	
Dresident	
(Title of person signing)	