## P17000 62587

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

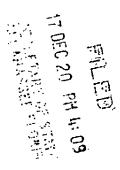
Office Use Only



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Mark

## COVER LETTER

TO: Amendment Section Division of Corporations						
NAME OF CORPORATION: Wedge Foods						
DOCUMENT NUMBER: P17000062587						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Name of Contact Person  Wedge Foods /NC  Firm/ Company						
INDER OF CONTACT PERSON						
Firm/ Company						
20829 You Street						
Address						
Orlando, FC, 32833 City/ State and Zip Code						
E-mail address: (to be used for future annual report notification)						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Kanen'D Lecke a1 (407) 701-6400						
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 Certificate of Status  \$43.75 Filing Fee & Certificate of Status  Certified Copy Certificate of Status  (Additional copy is enclosed)  \$43.75 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

ly filed with the Florida Dept. of State)
of Corporation (if known)
Florida Profit Corporation adopts the following amendment(s) to
The new
on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
N/p
36 <b>3</b>
20 TO
NIA P B
10 p
ress in Florida, enter the name of the
Braguelia
om Street reel address)
, Florida_ <i>3283</i> 3
(City) (Zip Code)
: with and accept the obligations of the position.  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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	ρ	KAREN D LOCKE	20829 Yom St
Add			20829 Yom St Orlando, Fl, 32833
Remove			
2) Change		Robert Broguglm	98 LAWSON AVE EAST ROCKOWAY, NY, 11518
Remove			
3) Change			
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change	<del></del>		
Add			
Remove			
6) Change			
Add			
Remove			

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provision	<u>ns for implem</u>	des for an exc enting the ame	nange, recias endment if no	t contained in	the amendm	<u>r issued snare</u> ient itself:	<u>:S.</u>	
(if no	ot applicable, i	indicate N/A)						
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The date of each amendment(s) adoption	12/9/17			if other than
date this document was signed.	··/-/	•		_, 11 Other than
Effective date if applicable:	12/9/17		file date)	
Effective date it applicable:	(ho more than 9	00 days after amendment	file date)	
Note: If the date inserted in this block do document's effective date on the Department		cable statutory filing rec	quirements, this date will	not be listed as
Adoption of Amendment(s)	(CHECK ONE)			
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient		e number of votes cast fo	or the amendment(s)	
☐ The amendment(s) was/were approved be must be separately provided for each verified.				
"The number of votes cast for the	• •	• •	I	
by				
	(voting group)			
☐ The amendment(s) was/were adopted by action was not required.	the board of directors	without shareholder act	ion and shareholder	
The amendment(s) was/were adopted by action was not required.	the incorporators with	nout shareholder action a	nd shareholder	
Dated 12/9/17 Signature	D Pa	<u></u>		
Signature(By a director	president or other office	cer – if directors or offic	ers have not been	_
selected, by an	incorporator – if in th	e hands of a receiver, tru		
appointed fidu	ciary by that fiduciary)	)		
	AREN D Le	name of person signing)		
	(Typed or printed	name of person signing)		
	President	of person signing)		
	(Title	of person signing)		

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