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SECRETARY OF STATE

TIO

R. WHITE SEP 0 5 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Evolv Kitchen, Inc	>	
DOCUMENT NUM	BER: P17000081273	W	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this mat	tter to the following:	
	Lisa M Gey		
		Name of Contact Person	
	Evolv Kitchen Inc		
	•	Firm/ Company	
	1203 W Hwy 50 Unit H		
		Address	
	Clermont Florida 34711		
	·	City/ State and Zip Code	
lisar	nk35@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Lisa M Gey		at (407	902-7303
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	rtment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

,2018 AUG 30 AM 8: 33

Evolv Kitchen, Inc	SECRETARY OF STATE
(Name of Corporation as c	currently filed with the Florida Dent. of State E. FL
P17000081273	•
(Document No	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutits Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	tion:
NA	The new
	rporation," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the viation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	NA NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	
Name of New Registered Agent	
	lorida street address)
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for	
NA	
Signature	of New 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.

X Change	PT Jol	nn Doc	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP Sal€	Charles Phillip Williams	8940 Village Green Blvd
Add		•	Clermont Florida 34711
X Remove			
2) Change			
Add		·	-
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<u> </u>
Remove			
6) Change			
Add			
Remove			

E. <u>If amending</u> (Attach <i>addi</i>	g or adding ad	ditional Article (necessary).	es, enter chai	nge(s) here:			
	nonui aneria, ij	necessury,	(De specyte)				
NA							
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		,					
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			•				
	 						
						-	
F. If an amen	dment provide	s for an excha	nge, reclassif	ication, or car	ncellation of is	sued shares,	
provisions	s for implemen	ting the amend	dment if not o	contained in ti	he amendment	itself:	
	applicable, inc	iicale N/A)					
NA							
							·
							
			<u> </u>	<u> </u>			

The date of each amendment late this document was signed		, if other than th
_	August 27, 2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wei by the shareholders was/we	re adopted by the shareholders. The number of votes east for the amendmere sufficient for approval.	ent(s)
	re approved by the shareholders through voting groups. The following start for each voting group entitled to vote separately on the amendment(s):	
	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/wes action was not required.	re adopted by the board of directors without shareholder action and shareh	nolder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholde	er
DatedSignature(F	st 29, 2018 By a director, president or other officer – if directors or officers have not be	
	Hected by an incorporator — if in the hands of a receiver, trustee, or other popointed fiduciary by that fiduciary)	court
	Lisa M Gey	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	