

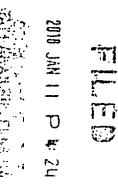
(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
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JAN 17 2018 T. LEASIEUX



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: KATZ ER: 0170093	DELI South	ine.
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
_	JE LOPE	[P	
		Name of Contact Perso	n
_	KATZ DEL	Name of Contact Person T Swith Inc Firm/ Company	<u> </u>
		Firm/ Company	
-	14395 CAN	Address EACL F1, 3 City/ State and Zip Coo	
	_	Address	
_	Delpay B	EARL Fl. 3	7484
_	7	City/ State and Zip Coo	le
	TEL OPE E-mail address: (to be us	ERSE G MI sed for future annual report	t notification)
For further information	concerning this matter, pleas	se call:	
Jim Los	IER	at (954	512 - 9900 ode & Daytime Telephone Number
Name of	Contact Person	Area Co	ode & Daytime Telephone Number
	the following amount made		
\$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)
	ng Address dment Section		Address dment Section
1 diller		ATHER	with Otenon

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

Tailahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

	n as currently filed with the Florida Dept. of State
(Docume)	الإستانية
(Docume	
(Docume	ent Number of Corporation (if known) The Description and the Corporation (if known)
rsuant to the provisions of section 607.1006, Florida S Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendme
If amending name, enter the new name of the cor	poration:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
Enter new principal office address, if applicable: rincipal office address <u>MUST BE A STREET ADDR</u>	RESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
If amending the registered agent and/or registere new registered agent and/or the new registered of	
new registered agent and/or the new registered of	ince address.
Name of New Registered Agent	
Name of New Registered Agent	
Name of New Registered Agent	(Florida street address)
Name of New Registered Agent New Registered Office Address:	(Florida street address) . Florida

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 D	<u>oe</u>	
X Remove	<u>v</u>	Mike J	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>Smith</u>	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change	<u></u> <u></u>	_ _	Ruchelle Kkin-LupER	
Add				
Remove				
2) Change		_		
Add				
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5) Change	<u>- · · · · · · · · · · · · · · · · · · ·</u>			
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)
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I Company and a series of A 1 Co	ands realisesification or concellation of issued shores
ii an amengment provides for an exch	ange, rectassification, of cancenation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
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If an amendment provides for an exch provisions for implementing the amen (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
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The date of each amendment(s) adoption:, in	f other than the
date this document was signed.	
Effective date if applicable:	
Effective date if applicable:	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	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)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature	
Signature (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)	
Jul 1050	
(Typed or printed name of person signing)	
Chainan of Board	
(Title of person signing)	