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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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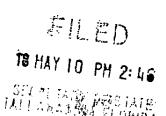
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: TASTEAZZ INC			
	BER: P18000035058			
•	s of Amendment and fee are su	bmitted for filing		
Please return all corre	espondence concerning this ma	tter to the followi	ng:	
	NIKKI MCELHANEY			
		Name of Cont	act Person	
	MAKE IT LEGAL INC			
		Firm/ Co	mpany	
	500 NW 3RD AVENUE			
		Addre	ess	
	POMPANO BEACH, FL 330	060		
		City/ State and	d Zip Code	
MAI	KEITLEGALINC@GMAIL.C	ОМ		
	E-mail address: (to be us	sed for future ann	ual report	notification)
For further information	on concerning this matter, pleas	se call·		
	m concerning this matter, produ	o can.		
NIKKI MCELHANEY		56 at (51	768-3466 _)
Name	of Contact Person	-	Area Coo	le & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Flo	orida Depar	rtment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Co (Additional c enclosed)	ру	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.C	illing Address tendment Section vision of Corporations b. Box 6327 lahassee, FL 32314		Amenda Division Clifton	Address ment Section n of Corporations Building secutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



TASTEAZZ INC

(Name of Corporati	on as currently filed with the Florida Dept. of State)
P18000035058	
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:
TASTEEZ INC	The new
	"d "corporation," "company," or "incorporated" or the abbreviation, "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>X</u>)
D. If amending the registered agent and/or register new registered agent and/or the new registered	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the obligations of the position.
Sign	ature 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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change		_		
Add				
Remove				
2) Change		- -		Walter Control of Cont
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		*
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch provisions for implementing the ame	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	The tribute of the tr
**	

The date of each amendment(s date this document was signed.) adoption:	, if other than the
Effective date if applicable:		
Ellective date <u>it applicable</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date Department of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(se sufficient for approval.	s)
	approved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholde	er
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
APRIL Dated	24, 2018	
Signature		
(By sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other cour ointed fiduciary by that fiduciary)	t
	WENCHEL FENELON	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	