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(Business Entity Name)
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2010 JUL -5 PM 12: 00
SECRETARY OF STATE

C. GOLDEN

JUL - 9 2019

## **COVER LETTER**

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: Cafe  DOCUMENT NUMBER: P 1800(	Foodservice, Inc.
The enclosed Articles of Amendment and fee are sub	omitted for filing.
Please return all correspondence concerning this matter	ter to the following:
Cafe  305  Old  E-mail address: (to be use	Chael Lamando  Name of Contact Person  Foodservice, Inc.  Firm/ Company  Marlborough St.  Address  Smat Fl 34677  City/ State and Zip Code  Ce @ am icis Catering, com  ed for future annual report notification)
For further information concerning this matter, please	e call:
Michael Lamar Name of Contact Person	do at ( 737) 639-7878  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p  \$35 Filing Fee   \$43.75 Filing Fee &  Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address  Amendment Section  Division of Corporations  Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314



June 14, 2018

MICHAEL LAMANDO 205 MARLBOROUGH STREET OLDSMAR, FL 34677

SUBJECT: CAFE FOODSERVICE, INC.

Ref. Number: P18000045858

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

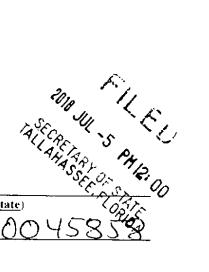
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 918A00012459

18 JUL -5 FHI2: 0

## Articles of Amendment to Articles of Incorporation of



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(Name of Corporat	tion as currently	filed with t	the Florida D	ept. of State)	703
(ate Foodserive	e Toc		12	<u> </u>	1452 7
	ment Number of (	Corporation	(if known)	0000	1000
rsuant to the provisions of section 607,1006. Florid Articles of Incorporation:	da Statutes, this Fi	Iorida Profi	it Corporation	adopts the follo	owing amendment(s
If amending name, enter the new name of the c	orporation:				
	<u> </u>		···-		The new
me must be distinguishable and contain the wo. Forp.," "Inc.," or Co.," or the designation "Corp ord "chartered," "professional association," or the	p, " "Inc," or "Co	o". A prof	iy," or "inco Tessional corp	rporated" or the voration name m	e abbreviation ust contain the
Enter new principal office address, if applicable	la:				
incipal office address MUST BE A STREET AD			<del>-</del>		
				·	
		-	····		
Enter new mailing address, if applicable:	av				
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>)X</u> )			<del></del>	<del></del>
If amending the registered agent and/or registe		<u>ss in Florid</u>	a, enter the r	iame of the	
new registered agent and/or the new registered	office address:				
Name of New Registered Agent					
	(Florida street	t address)	<del></del>		
1.000					
New Registered Office Address:		i(v)		, Florida	Zip Codej
	(6)			ξ-	sip codey
w Registered Agent's Signature, if changing Res	gistered Agent:				
ereby accept the appointment as registered agent.	l am familiar wit	th and accep	ot the obligati	ons of the position	on.
		•	J	- •	
<u> </u>					
Sign	nature of New Rev	ristored Age	nt if changin	0	<del></del>

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 John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
<u>X</u> Add	SV Sally Smith	
Type of Action (Check One)	Title Name	<u>Addres</u> s
1) Change	Jean C Setin	PD Box 18785
——;}dd	Jean was originally listed as V but please remove.	Tampa, F1 3367
<u> </u>	but please remove.	
2) Change		
Add		
Remove		
3 ) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

Attach additional sheets, if necessary).	icles, enter change(s (Be specific)			
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f an amendment provides for an exch	anga raclassification	n or connellation o	ficewood charac	
provisions for implementing the ame	ndment if not contain	ned in the amendm	ent itself:	
(if not applicable, indicate N/A)				
Michael Law and is the P.V	manda		1000/-	A chance
Internal Low	MONDO NO	w owns	10010 8	1 5 macs
ind is the PV	TDS			
	1-1-1-			
		****		

The date of each amendment(s) a date this document was signed.	adoption:				, if other than the
Effective date if applicable:	All to Car	5/17/18	۵,	Jean W shorldnij	etn  nove been listed
	(no more than 9	0 days after amendmet	nt file de	ite)	from the beg:
<b>Note:</b> If the date inserted in this document's effective date on the D	block does not meet the application block does not meet the application block does not meet the application.	cable statutory filing re	equirem	ents, this date	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )				
The amendment(s) was/were ad by the shareholders was/were si	lopted by the shareholders. The ufficient for approval.	number of votes east t	for the a	mendment(s)	
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders thro reach voting group entitled to	ough voting groups. The vote separately on the	he follov amendn	ving statemer nent(s):	t
"The number of votes east	t for the amendment(s) was/wer	e sufficient for approvi	ral		
by	(voting group)				
	(voting group)				
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors	without shareholder ac	ction and	l sharcholder	
☐ The amendment(s) was/were adaction was not required.	opted by the incorporators with	out shareholder action	and sha	reholder	
Dated	6/30/18				
	M. E. O. Y.				
Signature(By ak	director, president or other office	er – if directors or offi	icers hav	e not been	
selecte	ed, by an incorporator – if in the ited fiduciary by that fiduciary)	e hands of a receiver, tr	nistee, o	r other court	
	Mich	ael Lar	nur	do	
		name of person signing			