P18000052715

(Re	questor's Name)	
(Ad	dress)	
bA)	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:	

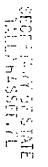




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2019 JUL 23 PM 3:



COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO: Amendment Section Division of Corpor				
NAME OF CORPORA	ATION: MEIVE	CateRina	- Events and Reni	tatine
DOCUMENT NUMBE	er: <u>P18 0000</u>	52715		₹
The enclosed Articles of	Amendment and fee are su	ibmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
	10221 S Pombroke	 City/ State and Zip Cod 	F1 33025	
For further information of	concerning this matter, pleas			
Elsie Name of	Ho Recur Pre Contact Person	2 R R Q at (95 4 Area Co	de & Daytime Telephone Number	
Enclosed is a check for t	he 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)	□\$52.50 Fiting Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amend	ng Address Ilment Section on of Corporations	Amend	Address ment Section n of Corporations	

Clifton Building

2661 Executive Center Circle Tallahassee, Fl. 32301

Articles of Amendment Articles of Incorporation of

MEIVA CATERING EVENTS	and Rental in a filed with the Florida Dept. of State)	<u></u>	
P16000 527 15 (Document Number of C			
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Clorida Profit Corporation adopts the following	g amendment((s) to
A. If amending name, enter the new name of the corporation: FONCY CATE ZING name must be distinguishable and contain the word "corporation. "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Covord "chartered," "professional association," or the abbreviation "P	." "company," or "incorporated" or the a of the a of the a	? The new bbreviation contain the	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same that is men in the cover lett		4
D. If amending the registered agent and/or registered office addressive registered agent and/or the new registered office address:	ess in Florida, enter the name of the	2019 SEG	
Name of New Registered Agent	<u> </u>		
(Florida stree	et address) C	23 PH	States States
 	Cityy (Zip)	3: 57	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent—I am familiar wi	ith and accept the obligations of the position.		
Signature of New Rep	gistered 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)

Remove

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 Do	<u>u</u>		
X Remove	<u>V</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sn	nith		
Type of Action (Check One)	<u>Title</u>		Name		Address
i) Change		_		-	
Add				-	
Remove					
2) Change					
Add		_		_	
Remove				-	
3) Change					
Add		_		_	
Remove				•	
				•	
4) Change		_		-	
Ađd					
Remove				,	
5) Channa					
5) Change Add		_		-	
				•	
Remove					· · · · · · · · · · · · · · · · · · ·
6) Change		_		-	
Add					

Attach additional sheets, if necessary). (Be specific)	
	, In
	/V/FT
	- /-
	
* · · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an exchange, reclassification, or cancell	ation of issued shares,
provisions for implementing the amendment if not contained in the ar	mendment itself:
(if not applicable, indicate N/A)	1.
	MA
	7/

The date of each amendment(s) adoption:	, if 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 document's effective date on the Department of State's records.	not 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'''	
by" (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 7/17/2019	
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)	
(Typed or printed name of person signing)	
(Typed of printed name of person signing)	
DIRECTOR	
(Title of person signing)	