P20000018677

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TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: BLACK LABEL C	CATERING, INC	
DOCUMENT NUM	IBER: P20000018677	, 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Ryan Lewis		
		Name of Contact Persor	1
		Firm/ Company	
	5206 Gaymar Dr		
		Address	
	Orlando, FL 32818		
		City/ State and Zip Code	
	Ryan@blacklabelcaterers.com	n	
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, plea	se call:	
Ryan Lewis		at (800-8995
Name	of Contact Person	Area Co-	de & Daytime Telephone Number
Enclosed is a check !	for the following amount made	payable to the Florida Depa	irtment of State:
\$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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810
La	Ilahassee, FL 32314	415 i	v. iviontoe street, suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

BLACK LABEL CATERING, INC.

(Name of Corporation as curr	ently filed with the Flori	da Dept. of State)
P20000018677		
(Document Numb	er of Corporation (if know	vn)
Pursuant to the provisions of section 607,1006, Florida Statutes, tits Articles of Incorporation:	this <i>Florida Profit Corpor</i>	ration adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>ı:</u>	
		The new
name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "P	". A professional corpor	orated" or the abbreviation "Corp.," cation name must contain the word
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		20 T
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add Name of New Registered Agent		
(Florid	la street address)	
New Registered Office Address:		, Florida
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am famil	(City) gent: liar with and accept the ob	(Zip Code) oligations of the position.
Signature of Ne	ew Registered Agent, if cha	anging
Check if applicable The amendment(s) is/are being filed pursuant to s, 607.0120 ((11) (e), F.S.	

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 Doc	
X Remove	<u>V'</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	V	Bruce A Haase	819 Grand Regency Point
Add	-		#203
Remove			Altamonte Springs, FL 32714
2) Change			
Add			
Remove 3) Change	<u> </u>		
Add			
Remove			-
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			**************************************
Add			
Remove			

ttach additional sheets, if necess	al Articles, enter c sary).— (Be specifi	(c)			
					
			 		
	•				
					~
	-				
an amendment provides for a	n exchange, recla	ssification, or can	cellation of issued s	hares,	
provisions for implementing the (if not applicable, indicate N	e amendment if n	ot contained in th	e amendment itself	<u> </u>	
(if not applicable, indicate N	(/A)				
				*·-·	
	-				
					

he date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	3 /3/2029	fier amendment file date)
	(no more man 20 days a)	ner amerament jue date)
Note: If the date inserted in this document's effective date on the I		tutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were as action was not required.	lopted by the incorporators, or board of	directors without shareholder action and shareholder
☐ The amendment(s) was/were aby the shareholders was/were	dopted by the shareholders. The numbe sufficient for approval.	r of votes cast for the amendment(s)
	oproved by the shareholders through vot or each voting group entitled to vote sep	
"The number of votes ca	st for the amendment(s) was/were suffic	ient for approval
by		···
	(voting group)	
03/13/202	0	
Dated		
Signature	In To	
(By a	director, president or other officer - if d	lirectors or officers have not been
select	ed, by an incorporator – if in the hands nted fiduciary by that fiduciary)	
	Ryan Lewis	
	(Typed or printed name of	person signing)
	President	
	(Title of person signing)	