P20000049634

(Re	equestor's Name)	 <u>-</u>
(Ad	ddress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Charm	14y Eats Incorporated
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submit	ted for filing.
Please return all correspondence concerning this matter t	o the following:
Charm Cit 1936 Bace Wesley Ch	enninger Iame of Contact Pedson Gats Tocorporated Virm/ Company B Downs Blvd Address Ad
For further information concerning this matter, please ca	11:
Name of Contact Person	at (Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made paya	ble to the Florida Department of State:
Certificate of Status	\$43.75 Filing Fee & S52.50 Filing Fee Certified Copy Additional copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



November 2, 2020

AMY HENNINGER 2ND MAILING 19548 WHISPERING BROOK DRIVE TAMPA, FL 32765

SUBJECT: CHARM CITY EATS INCORPORATED

Ref. Number: P20000049634

We have received your document for CHARM CITY EATS INCORPORATED and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please check only 1(one) box.

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.

Letter Number: 320A00020537

Irene Albritton Regulatory Specialist II

www.sunbiz.org



October 16, 2020

AMY HENNINGER 1936 BRUCE B DOWNS BLVD WESLEY CHAPEL, FL 33543

SUBJECT: CHARM CITY EATS INCORPORATED

Ref. Number: P20000049634

We have received your document for CHARM CITY EATS INCORPORATED and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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

Letter Number: 320A00020537

Irene Albritton Regulatory Specialist II

www.sunbiz.org

Articles of Amendment

to

Articles of Incorporation

Classian Cide Ford	s Incorporated
(Name of Corporation as currently f	<u> </u>
(Name of Corporation as currently 1	ned with the Florida Dept. of State)
(Document Number of C	ornoration (if known)
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fla</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation." "cor "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p. "chartered," "professional association," or the abbreviation "P.A."	npany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	7020
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	٠ نن
(Studing dudress STAT BE A POST OFFICE BOA)	37
	<u> </u>
	<u></u>
D. If amending the registered agent and for registered office address	s in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
1936 BYC (Florida street	LCE B Downs Blud
New Registered Office Address: WESTEY Ch	Florida 33543 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.
Signature of New Reg	istered Agent, if changing

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)

Example:

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>e</u>	
X Remove	<u>v</u>	Mike Jor	<u>nes</u>	
X Add	<u>sv</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change	_			
Add				
Remove				

<mark>f amending or adding add</mark> Attach <i>additional sheets, if r</i>	iecessary). (Be specij	fic)		
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an amendment provides	for an exchange recla	ssification or cance	llation of issued share	e
<u>provisions for implementi</u>	ng the amendment if r	ot contained in the	amendment itself:	~1
(if not applicable, indic	rate N/A)			
				
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		· <u></u>		
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	tion:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	c does not meet the applicable statutory filing requirements, this tment of State's records.	date will not be listed as t
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte action was not required.	d by the incorporators, or board of directors without shareholder ac	ction and shareholder
☐ The amendment(s) was/were adopte by the shareholders was/were suffice	d by the shareholders. The number of votes cast for the amendment ient for approval.	nt(s)
	ed by the shareholders through voting groups. The following state the voting group entitled to vote separately on the amendment(s):	ement ement
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
DatedNO	vember 17,2020	
C'	Amo He Nuca	
Signature(By a direc	tor, president or other officer – indirectors or officers have not bee	 en
selected, b	y an incorporator – if in the hands of a receiver, trustee, or other co	
appointed	fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	