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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Bettye Lou's Cater	ing Inc.			
DOCUMENT NUME	BER: P21000029150				
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	Michael Fowler				
	Name of Contact Person				
	Bettye Lou's Catering Inc.				
		Firm/ Company			
	11623 Bridges Rd				
Address					
Jacksonville, Florida, 32218					
	City/ State and Zip Code				
	bettyelous@outlook.com				
	· -	sed for future annual report	notification)		
For further information Michael Fowler	n concerning this matter, plea	sc call: at (904	307-8381		
Name o	of Contact Person	Area Coo	le & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment of State:		
S35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Division The Ce	Address ment Section n of Corporations entre of Tallahassee I. Monroe Street, Suite 810		

3M

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

BETTYE	LOU'S CAT	ERINGIN)C.
(Name of Corporation	as currently filed with the Flo	rida Dept. of State)	
1°21000	029150		
(Document	t Number of Corporation (if kno	own)	
Pursuant to the provisions of section 607.1006, Florida St its Articles of Incorporation:	tatutes, this Florida Profit Corp.	oration adopts the follow	ing amendment(s) to
A. If amending name, enter the new name of the corp	oration:		
			The new
name must be distinguishable and contain the word "corpe". Inc., " or Co., " or the designation "Corp, " "Inc, " or "chartered," "professional association," or the abbrevia	or "Co". A professional corp		
B. Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u>ESS</u>)		
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	-		
D. If amending the registered agent and/or registered		er the name of the	
new registered agent and/or the new registered offi	<u>īce address:</u>		
Name of New Registered Agent			·
			•
	(Florida street address)		
N . D. Jan J. C. C. L. L.		ru tul	1
New Registered Office Address:	(City)	, Florida,;	Gode)
	•		CD
		프립	8: 20
New Registered Agent's Signature, if changing Registe		1.1	
I hereby accept the appointment as registered agent. I ar	m familiar with and accept the ϵ	bligations of the position	
Signatur	re of New Registered Agent, if ci	hanging	
		a g	
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607	7.0120 (11) (e). F.S.		
and the state of t	. () (-)		

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>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	Bettye Fowler	11623 Bridges Rd
Add			Jacksonville, Fl, 32218
Remove			
2) Change	COO	Jaumecal King Fowler	11623 Bridges Rd
X Add			Jacksonville, Fl, 32218
Remove 3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additiona (Attach additional sheets, if necessor		nge(s) nere:		
		.		
_ 				
				•
	-			
<u>.</u>				
	· ·			
F. If an amendment provides for an	exchange, reclassif	ication, or cance	llation of issued sh	ares.
provisions for implementing the (if not applicable, indicate N/.	amendment if not o			
We're updating the total number of sha		ou's Catering Inc	Please see individ	ual shares below by person
			. I reade dec moi via	
Jaumecal King Fowler- 3 shares (majo	rity snare noticer)			
Michael Fowler-2 Shares			<u>-</u>	
Bettye Fowler-1 Share				
		• • • • • • • • • • • • • • • • • • • •		
		·		

	s) adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
	is block does not meet the applicable statutory filing requirements, this Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder	action and shareholder
■ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendme sufficient for approval.	ent(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	lement
"The number of votes	east for the amendment(s) was/were sufficient for approval	
by	<u>,"</u>	
, 	(voting group)	
Dated	7.7.2021 Mm Lank	
(By sele	a director, president or other officer – if directors or officers have not be ected, by an incorporator – if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary)	
	Michael Fowler	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	