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(((H21000456181 3)))



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Division of Corporations

Fax Number

: (850)617-6380

From:

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Account Name : WILSON TAX & ACCOUNTING INC.

Account Number : I20150000107 Phone : (941)625-1925

Fax Number : (941)625-1526

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: kencooks@comcast.net

## COR AMND/RESTATE/CORRECT OR O/D RESIGN COOK'S ENDEAVOR INC

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December 16, 2021

FLORIDA DEPARTMENT OF STATE Division of Corporations

COOK'S ENDEAVOR INC 1968 ALLEN ST ENGLEWOOD, FL 34223

SUBJECT: COOK'S ENDEAVOR INC

REF: P21000095604

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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.

Valerie Herring Regulatory Specialist III

P.O BOX 6327 - Tallahassee, Florida 32314

FAX Aud. #: H21000456181

Letter Number: 321A00030362

## Articles of Amendment Articles of Incorporation of

## COOK'S ENDEAVOR INC

(Name of Corporation as currently filed with the Florida Dept. of State)

ent(s) to

P2	21000095604	TO P
(Docu	ment Number of Corporation (if k	
Pursuant to the provisions of section 607,1006, Floridits Articles of Incorporation:	la Statutes, this Florida Profit Con	rporution adopts the following amendm
A. Hamending name, enter the new name of the c	orporation:	
PMC COSMETICS	INC	77
name must be distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbr	" or "Co". A professional cor	The new orporated" or the abbreviation "Corp., poration name must contain the word
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)	<u>e:</u> DRESS()	·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	)Vi	
MAY BE A FOST OF FICE BO	<u></u>	
D. If amending the registered agent and/or register	red office address in Florida, en	ter the name of the
new registered agent and/or the new registered	office address:	
Name of New Registered Agent		
		· · · · · · · · · · · · · · · · · · ·
	(Florida street address)	<del> </del>
New Registered Office Address:		Florida
	(Ciny	(Zip Code)
New Registered Office Address:	(City)	, Florida(Zip Code)
New Registered Agent's Signature, if changing Reg		
hereby accept the appointment as registered agent.	i <mark>stered Agent:</mark> I am familiar with and accept the .	Oblivations of the position
	2	ovinganions of the position,
W	(N D )	
orgic.	ture of New Registered Agent, if c	hanging

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607,0120 (11) (c), 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.

Example:

X Change	PT	John Doc	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	<u>Sally Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		<del>-</del>	
Add			
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
5) Change			
Add			
Remove			

E. If amending or adding additional Art (Attach additional sheets, if necessary).	(Respecific)
y necestary.	(we apocifie)
<del></del>	
. If an amendment provides for an exch:	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
provisions for implementing the amen	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
_	
	<del></del>
· <del></del> -	
<del></del>	

The date of each amendment(s) adoption: date this document was signed.	if oth	er than	the
Effective date if applicable: 110 2021  (no more than 90 days after omendment file date)			
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will redocument's effective date on the Department of State's records.	not be li	sted as	the
Adoption of Amendment(s) (CHECK ONE)			
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and staction was not required.	harcholo	ler	
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	SEURE IA	2021 DEC	<u>.1</u>
(voting group)	.338 € 1338	6	一
Dated	F STAI'E FLORID,	AH 11: 13	0
Signature  (By a director, president or other officer - Haircotors or officers have not been selected, by an incorporator - if in the hands of a cocciver, trustee, or other court appointed fiduciary by that fiduciary)	A	ω	
(Typed or printed name of person signing)		<del>-</del>	
(Title of person signing)		_	