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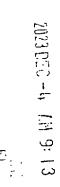
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF COR	PORATION: TOP CATERING	305 CORP	
DOCUMENT NU	P22000074362		
The enclosed Artic	cles of Amendment and fee are su	bmitted for filing.	
Please return all co	orrespondence concerning this ma	tter to the following:	
	MARITZA COLONIA		
	Yankee Accounting and Adv	Milit	1 hala
	111 West 16th Street	Firn y Company	
		Address	
	Linden NJ 07036		
		City/ State and Zip Code	e
	yaainc@hotmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further inform	ation concerning this matter, plea	se cali:	
Maritza Colonia		at (⁷⁵⁴	7030189
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a chec	k for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fe	e □\$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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio	Address Intent Section on of Corporations entre of Tallahassee

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

2023 DEC -4 AM 9: 13

TOP CATERING 305 CORP		2023 020	74 福祉 9:13
(Name o	of Corporation as currently t	filed with the Florida Dept, of State)	
P22000074362			· · fl =
	(Document Number of C	Corporation (if known)	•
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this Fl	orida Profit Corporation adopts the follow	ing amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Cohartered," "professional association,"	Corp," "Inc," or "Co". A p	mpany," or "incorporated" or the abbrevia orofessional corporation name must cont	tion "Corp.," ain the word
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>			<u> </u>
		<u>-</u>	
			<u></u>
C. Enter new mailing address, if appl			
(Mailing address MAY BE A POST	<u>OFFICE BOX</u>)		
D. If amending the registered agent an new registered agent and/or the ne		ss in Florida, enter the name of the	
	STEPHANY K AREVALO		
Name of New Registered Agent	11089 NW 47TH LN		
	(Florida stree	t address)	_
No Professor LOC of Aller	DORAL	, Florida 33178	
New Registered Office Address:	(((Zi _t y) (Zi _t	p Code)
		^	
New Registered Agent's Signature, if of I hereby accept the appointment as regis	t <mark>hanging Registered Agent:</mark> tered agent I am familiar wi	th and accept the obligations of the position	7.
(Auduny	Teirile .	
	Signature of New Reg	istered Agent, if changing	
/	У	•	

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)

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>ne</u>	
X Remove	\underline{V}	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally S	mith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addreş</u> s
1) Change	VP	_	ROSARIO J SANCHEZ	11089 NW 47TH LN
Add				DORAL FL, 33178
X Remove				
2) X Change	РТ		STEPHANY K AREVALO	11089 NW 47TH LN
Add				DORAL FL 33178
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)		
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profession and the second			
			
,* ⁻			
If an amendment provides for an excl	nange, reclassification, or cance	llation of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the	amendment itself:	
(у посиррасияле, такие мл.)			
	*** *		and a second of
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	11/22/2023	, if other than the
The date of each amendment(s) adopt date this document was signed.	tion:	, ii other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depart	k does not meet the applicable statutory filing requirements, this tment of State's records.	date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopte action was not required.	ed by the incorporators, or board of directors without shareholder a	etion and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffice.	ed by the shareholders. The number of votes cast for the amendme rient for approval.	nt(s)
☐ The amendment(s) was/were approx must be separately provided for each	yed by the shareholders through voting groups. The following state th voting group entitled to vote separately on the amendment(s):	ement en
"The number of votes east for	the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
selected, t	ctor, president or other officer – if directors or officers have not be by an incorporator – if in the hands of a receiver, trustee, or other c	
<i>∴</i>	fiduciary by that fiduciary)	
['] Sto	ephany K Arevalo	
	(Typed or printed name of person signing)	
Pr	esident	

(Title of person signing)