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COVER LETTER

Division of Corporations Cater II, Inc. NAME OF CORPORATION: 96000050372 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Cater II, Inc.

Firm/Company

1115 NE 4th Street

Address

Ocala FL 34470

City/State and Zip Code blueribbonrose @yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (352) 362-2959 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$52.50 Filing Fee ☐ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address**

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

, .	Articles of Amendment	
· · · · · · · · · · · · · · · · · · ·	to Table 1	12
	Articles of Incorporation of	المراجع المراج
	Cater II, Inc.	2012 JUN 29
((Name of Corporation as currently filed with the Florida Dept. of State)	
	P96000050372	PH E
	(Document Number of Corporation (if known)	~2
Pursuant to the its Articles of I	provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following incorporation:	amendment(s) to
A. If amendin	g name, enter the new name of the corporation:	
name must be	distinguishable and contain the word "corporation," "company," or "incorporated" or the abl	The new breviation
"Corp.," "Inc.,	ed," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must coed," "professional association," or the abbreviation "P.A."	
B. Enter new	principal office address, if applicable:	
(Principal offic	ce address <u>MUST BE A STREET ADDRESS</u>)	
	mailing address, if applicable:	
(Mailing ad	ddress MAY BE A POST OFFICE BOX	
		
	ig the registered agent and/or registered office address in Florida, enter the name of the	
new registe	ered agent and/or the new registered office address:	
<u>Name</u>	of New Registered Agent Gregory J. Kose	
	of New Registered Agent Gregory J. Rose 3235 E. Silver Springs Blvd. (Florida street address)	
	711177	
<u>New R</u>	Registered Office Address: Cala , Florida 344 10 (City) (Zip Code)	
	(City)	
New Registers	ed Agent's Signature, if changing Registered Agent:	
	t the appointment as registered agent. I am familiar with and accept the obligations of the position.	
	$\mathcal{C}(h)$	
	Signature of New Registered Agent, if changing	

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	Doe	·
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add Remove	P,S,T,D	Hugh J. Rose	9900 NW Hwy 225+ Orala, FL 34482
2) Change Add Remove	P,S,D	Gregory J. Rose	1115 NE 4th Street Ocala, FL 34470
3) Change Add Remove	<u>VP,T</u> ,D	Cynthia L. Rose	1115 NE 4th Street Deala, FL 34470
4) Change Add Remove	VP	Gregory J. Rose	1115 NE 9th Street Ocala, FL 34470
5) Change Add Remove			
6) Change Add Remove			

f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	attach additional sheet	s, if necessary).	cles, enter change((Be specific)			
an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:						
an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	<u>, , , , , , , , , , , , , , , , , , , </u>					
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The date of each amendment(s) adoption: June 22, 2012
Tuna 25 2012
Effective date if applicable: (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☐ 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
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated June 26, 2012
Signature
(By a director, president or other officer—if directors or officers have not been selected, by an incorporator—if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Gregory J. Rose Pryped-or printed name of person signing)
President
(Title of person signing)