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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Culinary Systems I	nc				
DOCUMENT NUM	D0700	00069035	, — >			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	Antony Lagana					
	Name of Contact Person					
	Firm/ Company					
	9351 sir lawrence et					
		Address				
	windermere FL. 34786					
		City/ State and Zip Code	:			
tlaga	na@culinarysystems.com					
-	E-mail address: (to be us	sed for future annual report	notification)			
For further information	on concerning this matter, pleas	se call:				
Antony Lagana		407 at (616-6563			
Name	of Contact Person		de & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment of State:			
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	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 Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle			
		Tallahassee, FL 32301				

Articles of Amendment to Articles of Incorporation

ot

Culinary Systems Inc.	
(Name of Corporation as o	currently filed with the Florida Dept. of State)
(Document Ni	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutits Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	tion:
	The new
	rporation," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>	.)
	>0
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	~ \\ \tag{7}
	
	<u></u>
D. If amending the registered agent and/or registered off	ice address in Florida, enter the name of the
new registered agent and/or the new registered office	
None of New Designand Acres	
Name of New Registered Agent	
(F)	lorida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
	• • •
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	
Signature of	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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
l) Change		_		
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change		_		
Add				-
Remove				
4) Change		_		
Add				
Remove				
5) Change		_	· · · · · · · · · · · · · · · · · · ·	
Add				
Remove				
6) Change				
		_		
Add				
Remove				

(Attach additional she	vets, if necessary). (Be specific)
Ά	
	
	
If an amendment or	ovides for an exchange, reclassification, or cancellation of issued shares,
provisions for impl	ementing the amendment if not contained in the amendment itself:
(if not applicabl	
ffective 1/01/18 culinar	ry systems is changing the number of chares to 1000,000 shares with a value of \$1.00 per share
ares owned; Antony I	Lagana, President 425,000 shares, address 9351 sir lawrence et windermere tl. 34786
rcharceporn Lagana; V	/ice President, 425,000 shares, address 9351 sir lawrence et windermere fl. 34786
nalise Bianca lagana; e	employee, 75000 shares, address 9351 sir lawrence et windermere fl 34786
nan Samuel Lagana; er	mployee, 75000 shares, address 9351 sir lawrence et windermere, fl 34786
	

	12/02/2018	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		,
	2/02/2018	·
Effective date <u>if applicable</u> :	(no more than 90 days after an	nendment file date)
Note: If the date inserted in thi document's effective date on the		filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	dopted by the shareholders. The number of voi sufficient for approval.	tes east for the amendment(s)
	pproved by the shareholders through voting groor each voting group entitled to vote separately	
"The number of votes ca	st for the amendment(s) was/were sufficient for	approval
by	(voting group)	
,	(voting group)	
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without sharef	older action and shareholder
☐ The amendment(s) was/were action was not required.	dopted by the incorporators without shareholde	er action and shareholder
21/02/20 Dated	1/	
sele	a director, president or other officer—if director sted, by an incorporator – if in the hands of a rec sinted fiduciary by that fiduciary)	
	Antony Lagana	
	(Typed or printed name of persor	a signing)
	President	
	(Title of person signi	ng)