## P12000089682

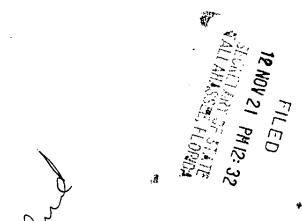
| (Re                     | equestor's Name)  |             |
|-------------------------|-------------------|-------------|
| (Ad                     | dress)            |             |
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| (Cit                    | ty/State/Zip/Phon | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Na  | me)         |
| (Do                     | cument Number     | )           |
| Certified Copies        | _ Certificate     | s of Status |
| Special Instructions to | Filing Officer:   |             |
| •                       |                   |             |
|                         |                   |             |
|                         |                   |             |





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## **COVER LETTER**

TO: Amendment Section

| Division of Corporations  |                             |   |  |
|---|-----------------------------|---|--|
| NAME OF CORPORATION:  | Koshe                       | r Chefs Ir  | C  |
| DOCUMENT NUMBER:  | P120                        | 00008968  | 2  |
| The enclosed Articles of Amendmen   | t and fee are su            | bmitted for filing.   |  |
| Please return all correspondence con  | cerning this ma             | tter to the following:  |  |
|   | Noe                         | Name of Contact Person  | 010  |
|   |                             | Address   | ton Circle   |
|   | Ur                          | City/ State and Zip Cod   | <u>32832                                  </u>   |
|   |                             | 6 a hotm<br>led for future annual report                          | notification)  |
| For further information concerning the  | his matter, pleas           | se call:  |  |
| Noelle Be<br>Name of Contact Per  | nlolo                       | at ( 407<br>Area Co   | de & Daytime Telephone Number  |
| Enclosed is a check for the following   | g amount made               | payable to the Florida Depa                                       | artment of State:  |
|   | Filing Fee & cate of Status | \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Address Amendment Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32 | rations                     | Amend<br>Divisio<br>Clifton                                       | Address Iment Section on of Corporations Building executive Center Circle              |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

to

| Articles of Incorp  | oration   |   |
|---|---|---|
| Kosher Chefs, I   | nc.   |   |
| (Name of Corporation as currently filed with the Flori  | da Dept. of State)                                |   |
| P1200008968   | 32  |   |
| (Document Number of Corporation (if kn  | own)  | <del></del>   |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:  | rida Profit Corporation add                       | opts the following amendment(s)                         |
| A. If amending name, enter the new name of the corporation:   |   |   |
| Euro Designers.   | Inc.  | The new   |
| name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.A. | "company," or "incorpor". A professional corporat | rated" or the abbreviation<br>ion name must contain the |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)   |   |   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   |   | 12 NOV 21   |
| D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:   | in Florida, enter the name                        | e of the e of the                                       |
| Name of New Registered Agent  |   |   |
| (Florida street   | address)  |   |
| New Registered Office Address:  | , Florida   |   |
| (City)  |   | (Zip Code)  |
| New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with  Signature of New Registered Age                                   |   | of the position.  |
| orginal of the tradition of the   | , y   |   |

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 D      | <u>oe</u>   |         |
|----------------------------|--------------------------|-------------|-------------|---------|
| X Remove                   | $\underline{\mathbf{v}}$ | Mike Jo     | <u>ones</u> |         |
| _X Add                     | <u>sv</u>                | Sally S     | <u>mith</u> |         |
| Type of Action (Check One) | <u>Title</u>             |             | Name        | Address |
| 1)Change                   | <u> </u>                 | _           |             |         |
| Add                        |                          |             |             |         |
| Remove                     |                          |             |             |         |
| 2) Change                  |                          | _           |             |         |
| Add                        |                          |             |             |         |
| Remove                     |                          |             |             |         |
| 3) Change                  |                          |             |             |         |
| Add                        |                          |             |             |         |
| Remove                     |                          |             |             |         |
| 4) Change                  |                          | _           |             |         |
| Add                        |                          | _           |             |         |
| Remove                     |                          |             |             |         |
|                            |                          |             |             |         |
| 5) Change                  |                          | <del></del> |             |         |
| Add                        |                          |             |             |         |
| Remove                     |                          |             |             |         |
| 6) Change                  |                          | _           |             |         |
| Add                        |                          |             |             |         |
| Remove                     |                          |             |             |         |

| Please add  | EIN             | 46-1289   | 1535                                    |                                       |
|---|-----------------|---|---|---------------------------------------|
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|   | <del> </del>    |   |   |                                       |
|   |                 |   |   |                                       |
| n amendment provides for<br>ovisions for implementing | the amendment i | classification, or cancel<br>f not contained in the a | lation of issued sl<br>mendment itself: | nares,                                |
| (if not applicable, indicate                          | e N/A)          |   |   |                                       |
|   |                 |   |   | <del></del>                           |
|   |                 | , , , , ,   |   |                                       |
|   |                 |   |   |                                       |
|   |                 |   |   |                                       |
|   |                 |   |   |                                       |
|   |                 |   |   |                                       |

| The date of each amendment(s) add                                     | option: Worl 61 2012  |
|---|---|
| Effective date <u>if applicable</u> :                                 | (no more than 90 days after amendment file date)  |
| Adoption of Amendment(s)  | ( <u>CHECK ONE</u> )  |
| ☐ The amendment(s) was/were adop<br>by the shareholders was/were suff | oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.   |
|   | roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):   |
| "The number of votes cast for   | or the amendment(s) was/were sufficient for approval  |
| by  | (voting group)  |
| The amendment(s) was/were adopt action was not required.              | oted by the board of directors without shareholder action and shareholder   |
| The amendment(s) was/were adopt action was not required.              | pted by the incorporators without shareholder action and shareholder  |
| Dated   | Vov-16-2012   |
| Signature   | Asella Parlola  |
| selected.   | rector, president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary) |
| _   | Noelle Benlolo  |
| _   | (Typed or printed name of person signing)   |
| -   | President   |
|   | (Title of person signing)   |