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		JBM FOODS INC			
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COVER LETTER

Division of Corporations	
NAME OF CORPORATION: JBM FOODS INC	
DOCUMENT NUMBER: P21000009006	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
EKATERINA KISSELEVA	
Name of Contact Pe	rson
Firm/ Company 7901 4TH STREET NORTH., STE 325	
Address ST. PETERSBURG, FL 33702	
City/ State and Zip (Code
INFO@EGKSOLUTIONS.COM	
E-mail address: (to be used for future annual rep	oort notification)
For further information concerning this matter, please call:	
EKATERINA KISSELEVA	488-6937
· · · · · · · · · · · · · · · · · · ·	Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida D	epartment of State:
\$35 Filing Fee Status Service Certificate of Status Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendment Section Ame Division of Corporations Divi P.O. Box 6327 The Tallahassee, FL 32314 2413	et Address Indicate Section Indicate Sec

Articles of Amendment to Articles of Incorporation of

FILED

2023 FEB 13 PM 12 54

JBM FOODS INC (Name of Corporation as currently filed with the Florida Dept. of State) P21000009006 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: **EUROSTANDARD INC** The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: 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 and accept the obligations of the position. Signature of New Registered Agent, if changing Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(Attach additional sheets Please note the officer/di P = President: V = Vice Executive Officer; CFO = President, Treasurer, Di Changes should be noted	anwor if neces. Frector tite President Chief Frector work the forwest the converse	nrector being added: sary) le by the first letter of the office title: t: T= Treasurer; S= Secretary; D= Dil inancial Officer. If an officer/director h ould be PTD. illowing manner. Currently John Doe is torporation, Sally Smith is named the V	each officer/director being removed and title, name, and rector; TR= Trustee; C = Chairman or Clerk; CEO = Chiefolds more than one title, list the first letter of each office held. listed as the PST and Mike Jones is listed as the V. There is and S. These should be noted as John Doe, PT as a Change.
X Change	PT	John Doe	
X Remove	Y	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		_	
Add			
Remove			
2) Change			
Add			
Remove Change			
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4) Change			
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6) Change			
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Remove			

Attach additional sheets, if necessary). (Be specific)	e <u>re</u> :
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an amendment provides for an exchange, reclassification, or	cancellation of issued shares,
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The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
	after amendment file date)
Note: If the date inserted in this block does not meet the applicable st document's effective date on the Department of State's records.	tanutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of action was not required.	of directors without shareholder action and shareholder
■ The amendment(s) was/were adopted by the shareholders. The numb by the shareholders was/were sufficient for approval.	er of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through vo must be separately provided for each voting group entitled to vote sep	oting groups. The following statement parately on the amendment(s):
"The number of votes cast for the amendment(s) was/were suffice	cient for approval
by(voting group)	
(voting group)	
Dated 12/10/2023 Signature 8. Tibirence	
Signature _ & Tibirnae	
(By a director, president or other officer – if of selected, by an incorporator – if in the hands appointed fiduciary by that fiduciary)	directors or officers have not been of a receiver, trustee, or other court
GEORGE TIBIRNAC	
(Typed or printed name of	person signing)
PRESIDENT	
(Title of person signing)	