F22000007669

(Requ	estor's Name)			
(Address)				
(A of all a				
(Addre	:55)			
(City/S	State/Zip/Phone	e #)		
☐ PICK-UP	WAIT	MAIL		
(Rusin	ess Entity Nar	ne)		
(00311)	C33 LIMITY IVE	nej		
(Docu	ment Number)			
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
<u> </u>				





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09/26/28--61097--028 **85.00







October 11, 2023

SAMUEL COHEN 8187 NW 74TH AVENUE MEDLEY, FL 33166

SUBJECT: MAMA TECHNOLOGIES INC.

Ref. Number: F22000007669

We have received your document for MAMA TECHNOLOGIES INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Profit Coporation, but your entity is a Foreign Profit Corporation. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett Regulatory Specialist II

Letter Number: 123A00023520 --

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1,04 1 4 2023



COVER LETTER

TO: Amendme	ent Section Division of Corporation	ons	
SUBJECT: MAM	A TECHNOLOGIES INC		
<u></u>	Name	of Corporation	
DOCUMENT NU	MBER: F22000007669		
The enclosed Ame	ndment and fee are submitted for	filing.	
Please return all co	orrespondence concerning this ma	tter to the following:	
SAMUEL COHEN	i		
	Name of Contact Person		
МАМА ТЕСНОО	LOGIES INC		
	Firm/Company		
8187 NW 74TH A	VENUE		
	Address		
MEDLEY, FL 331	66		
	City/State and Zip Code		
ADMIN@MAMA	FOODS.COM		
E-mail addre	ss: (to be used for future annual r	eport notification)	
For further informa	ation concerning this matter, pleas	se call:	ne Telephone Number
SAMUEL COHEN	ţ	786 417-747	78
Name	e of Contact Person	_ ' '	ne Telephone Number
Enclosed is a check	k for the following amount:		
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy	& 352.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

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

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

F22000007669

	t number of corporation (if known)
MAMA TECHNOLOGIES INC (Name of corporation as it is	
(Name of corporation as it a	appears on the records of the Department of State)
STATE OF DELAWARE	3, NOVEMBER 16, 2022 (Date authorized to do business in Florida)
(Incorporated under laws of)	(Date authorized to do business in Florida)
(4-7 COMPLETE C	SECTION II ONLY THE APPLICABLE CHANGES)
If the amendment changes the name of the corporation, with incorporation? N/A	when was the change effected under the laws of its jurisdiction of
(Name of corporation after the amendment, adding suffix not contained in new name of the corporation)	ix "corporation," "company," or "incorporated," or appropriate abbreviation,
(If new name is unavailable in Florida, enter alternate cor	rporate name adopted for the purpose of transacting business in Florida)
If the amendment changes the period of duration, and	ndicate new period of duration.
N/A	
	(New duration)
If the amendment changes the jurisdiction of incorpo	poration, indicate new jurisdiction.
	(New jurisdiction)
If amending the registered agent and/or registered off new registered agent and/or the new registered office	
Name of New Registered Agent N/A	
	Torida straet address)
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I a	stered Agent: am familiar with and accept the obligations of the position.
	,,
Signature of New Registered Agent, if c	changing

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

Title/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
	JOSE RENE SCULL	8622 NW S. RIVER DR STE122	□Add
		MEDLEY FL 33166	☑Remove
P NICOLAS MASLOWSKI	NICOLAS MASLOWSKI	37817 S LEJEUNE RD	🗹 Add
		COCONUT GROVE FL 33146	Remove
CCST SAMUEL COHEN	2410 NE 209 TERRACE new titles		
	MfAMI FL 33180		
		□Add	
		Remove	
		□Remove 3	
		Remove -	
Attached is a of the applica under the law	certificate or document of similar import, tion to the Department of State, by the Secres of which it is incorporated.	evidencing the amendment, authenticated not etary of State or other official having custody o	more than 90 days prior to delive f corporate records in the jurisdiction
	(Signature of a dire a receiver or other	ector, president or other officer - if in the hand court appointed fiduciary, by that fiduciary)	s of
	(Typed or printed name of person signing	ŒO	

FILING FEE \$35.00