636315

	(Requestor's Name)
	(requestors warne)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
_	
	(Business Entity Name)
	,
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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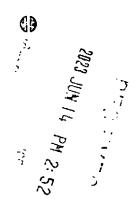
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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

incserv^o.

ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com

850.656.7953

REQUEST DATE 6/14/2023

PRIORITY Regular Approval

OUR REF # (Order ID#) 1154973

ORDER ENTITY

LAS OLAS FINER FOODS, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

LAS OLAS FINER FOODS, INC. (FL)

File the attached amendment

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Wednesday, June 14, 2023 Page 1 of 1



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 15, 2023

INCORPORATING SERVICES, LTD-INCSERV

esizenal submission date as the file date, thanks! if

Please hence the

TALLAHASSEE, FL 32301

SUBJECT: LAS OLAS FINER FOODS, INC.

Ref. Number: 636315

We have received your document for LAS OLAS FINER FOODS, INC. and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

The above entity is a Florida corporation and the tocument and fee submitted are for a Florida limited liability company. The policet form is enclosed and an additional filing fee of \$10.00 is due.

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.

Annette Ramsey OPS

Letter Number: 723A00013550

Please hones the creginal submission date as the file date thanks ! .)

COVER LETTER

TO: Amendment Section Division of Corporations

	RATION: LAS OLAS FINE				
DOCUMENT NUM	626215				
The enclosed Article.	of Amendment and fee are so	abmitted for filing.			
Please return all corre	espondence concerning this ma	atter to the following:			
	JOEL MARCUS				
	Name of Contact Person				
	Firm/ Company				
	676 W PROSPECT ROAD				
	_	Address			
	FORT LAUDERDALE, FL	33309			
		City/ State and Zip Code	:		
	JMARCUSCPA@YAHOO.	COM			
	E-mail address: (to be us	sed for future annual report	notification)		
	on concerning this matter, plea	a v valle			
For further information	and a contract the	se can:			
For further information	,		566-8513		
JOEL MARCUS	of Contact Person	954 at (
JOEL MARCUS Name		at (<u>954</u> Area Co	de & Daytime Telephone Number		
JOEL MARCUS Name	of Contact Person	at (<u>954</u> Area Co	de & Daytime Telephone Number		

Articles of Amendment to Articles of Incorporation of

FILED

AS OLAS FINER FOODS, INC.

2023 JUN 14 AM 11: 55

LAS OLAS PINER POODS, INC.	
(Name of Corporation	on as currently filed with the Florida Dept. of State TY OF STATE
636315	MI MASSEE TI ONE
(Docum	ent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the co	rporation:
	The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbre	rporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADD</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>
D. If amending the registered agent and/or register	ed office address in Florida, enter the name of the
new registered agent and/or the new registered (
Name of New Registered Agent	
Traine vy vew negline lost rigeni	
	(Florida street address)
	(Plorida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regi I hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the obligations of the position.
	, , , , , , , , , , , ,
Signa	ture of New Registered Agent, if changing
Charle if a sectional to	
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

Please now 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; CEO - 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.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	VP	LEONE PADULA	1410 E LAS OLAS BLVD
X Add			FORT LAUDERDALE, FL 3330
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Romana			

Attach additional sheets, if necessary). (Be specific)
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)

••••••••••••••••••••••••••••••••••••••

.

The date of each amendment(s) adoption:	if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action action was not required.	and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes east 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):	ı
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
06/13/2023 Dated	
Signature <u>Tammy Pierro</u> (By a director fresident or other officer – if directors or officers have not been	
(By a director Fresident 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)	
TAMMY PIERRO	
(Typed or printed name of person signing)	
MANAGER	

(Title of person signing)