

636315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

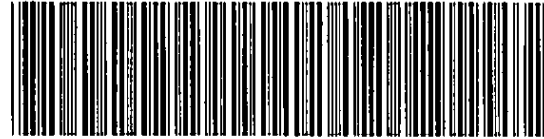
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300411446323

*Amended*

FILED  
2023 JUL 12 AM 10:47  
TALLAHASSEE, FLORIDA

RECEIVED  
2023 JUL 12 PM 2:58  
TALLAHASSEE, FLORIDA

A. RAMSEY

JUL 13 2023

**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**

**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** 7/12/2023

**PRIORITY** Regular Approval

**OUR REF.# (Order ID#)** 1162399

**ORDER ENTITY**  
LAS OLAS FINER FOODS, INC.

**PLEASE PERFORM THE FOLLOWING SERVICES:**

**LAS OLAS FINER FOODS, INC. (FL)**

File the attached amendment

**NOTES:**

\$35.00 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.

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: LAS OLAS FINER FOODS, INC.

DOCUMENT NUMBER: 636315

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter 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

Jmaruscpa@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joel Marcus at ( 954 ) 566-8513  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|---|--|---|--|

**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

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

2023 JUL 12 AM 10:47

LAS OLAS FINER FOODS, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

636315

(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:

*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) (c), 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)*

*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:**

☒ Change                      PT              John Doe

☐ Remove                      V              Mike Jones

☒ Add                      SV              Sally Smith

| Type of Action<br>(Check One)              | Title     | Name                | Address                         |
|--|-----------|---------------------|---------------------------------|
| 1) <input type="checkbox"/> Change         | <u>VP</u> | <u>Leone Padula</u> | <u>1410 E. LAS OLAS BLVD.</u>   |
| <input type="checkbox"/> Add               |           |                     | <u>FT. LAUDERDALE, FL 33301</u> |
| <input checked="" type="checkbox"/> Remove |           |                     |                                 |
| 2) <input type="checkbox"/> Change         |           |                     |                                 |
| <input type="checkbox"/> Add               |           |                     |                                 |
| <input type="checkbox"/> Remove            |           |                     |                                 |
| 3) <input type="checkbox"/> Change         |           |                     |                                 |
| <input type="checkbox"/> Add               |           |                     |                                 |
| <input type="checkbox"/> Remove            |           |                     |                                 |
| 4) <input type="checkbox"/> Change         |           |                     |                                 |
| <input type="checkbox"/> Add               |           |                     |                                 |
| <input type="checkbox"/> Remove            |           |                     |                                 |
| 5) <input type="checkbox"/> Change         |           |                     |                                 |
| <input type="checkbox"/> Add               |           |                     |                                 |
| <input type="checkbox"/> Remove            |           |                     |                                 |
| 6) <input type="checkbox"/> Change         |           |                     |                                 |
| <input type="checkbox"/> Add               |           |                     |                                 |
| <input type="checkbox"/> Remove            |           |                     |                                 |

**F. If amending or adding additional Articles, enter change(s) here:**

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**F. If 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)

[illegible]

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

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 will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_  
(voting group)

07/10/2023  
Dated \_\_\_\_\_

Signature Tammy Pierro  
(By a director, president 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)