## 655189

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATIO	N: YUMMY FOODS,	INC.		
DOCUMENT NUMBER: $\frac{6}{2}$				
The enclosed Articles of Ame		omitted for filing.		
Please return all corresponder	nce concerning this mat	ter to the following:		
Brian l	R. Kopelowitz, Esquire			
	Name of Contact Person			
Kopelo	Kopelowitz Ostrow			
		Firm/ Company		
One W	'est Las Olas Blvd., Su	ite 500		
		Address	· ·	
Fort L	auderdale, Florida 3330	)1		
		City/ State and Zip Code	;	
kopelowitz@	)kolawyers.com			
	-	ed for future annual report	notification)	
For further information conce Brian R. Kopelowitz	rning this matter, pleas		525-4100	
Name of Contact Person		Area Coo	) 525-4100 le & Daytime Telephone Number	
Enclosed is a check for the fo	liowing amount made	payable to the Florida Depa	rtment of State:	
■ \$35 Filing Fee	\$43.75 Filing Fee & Certificate 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)	
P.O. Box 6	it Section Corporations	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301	

## Articles of Amendment to Articles of Incorporation of



2019 S.L. 20 AH 4: 19

YUMMY FOODS, INC.			
(Name o	f Corporation as currently	filed with the Florida Dept. of State)	•
655189			· · · <u></u>
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this $F$	lorida Profit Corporation adopts the followin	g amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
			_The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa-	ation "Corp," "Inc," or "C	" "company," or "incorporated" or the a co". A professional corporation name must P.A."	bbreviation contain the
B. Enter new principal office address, (Principal office address MUST BE A S	<u>if applicable:</u> TREET ADDRESS )		
			<del></del>
C. Enter new mailing address, if appli	icable:		
(Mailing address MAY BE A POST	OFFICE BOX)		<del></del>
		FAL:	
D. If amending the registered agent an new registered agent and/or the new	i <u>d/or registered office addre</u> w registered office address:	ess in Florida, enter the name of the	
	NIKI P CHEN-SEM		
Name of New Registered Agent		-	_
	2351 NW 147TH STREET		
	(Florida stre	33054	
New Registered Office Address:	OPA-LOCKA	, Florida	Code)
<del></del>	!	(City) (Zip	Conty
at a series signature if a	shanging Registered Agent:		
I hereby accept the appointment as regis	tered agent. I am familiar w	vith and accept the obligations of the position.	
		1 - 1	
	Signature of May P	poistered Agent if changing	-
New Registered Agent's Signature, if e I hereby accept the appointment as regis	nered agent. Tum familiar w	with and accept the obligations of the position.	_

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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	Dornel Chen-Sem	P.O. Box 21034
Add	_		Fort Lauderdale, FL 33335
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	-		
Add			
Remove			
6) Change			
Add			
P amove			

lf amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
		· · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·
	<del></del>	
		-
f an amendment provides for an exch	inge, reclassification, or cance	llation of issued shares,
provisions for implementing the amer	dment if not contained in the	amendment itself:
(if not applicable, indicate N/A)		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	days after amendment file date)
(no more than 90	days after amendment file date)
Note: If the date inserted in this block does not meet the applical document's effective date on the Department of State's records.	ole statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The n by the shareholders was/were sufficient for approval.	umber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to vo	
"The number of votes cast for the amendment(s) was/were	sufficient for approval
by	"
by(voting group)	
The amendment(s) was/were adopted by the board of directors w action was not required.  The amendment(s) was/were adopted by the incorporators without	
action was not required.	
Dated 9.12.3019	
Signature Wken Sum	
(By a director, president or other officer selected, by an incorporator – if in the happointed fiduciary by that fiduciary)	- if directors or officers have not been hands of a receiver, trustee, or other court
Dornel	Chen-Som me of person signing)
Previ	
(Title of	person signing)