

**F20000003287**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000016048 3)))



H220000160483ABCX

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
Account Number : T20000000146  
Phone : (305)444-4994  
Fax Number : (305)328-4774

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 JAN 12 PM 2:27

FILED

RECEIVED

2022 JAN 12 PM 4:48

SECRETARY OF STATE  
TALLAHASSEE, FL

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
NORTH BEND MANAGEMENT INC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

JAN 13 2022

S. PRATHEP

**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)**

F20000003287

(Document number of corporation (if known))

1. NORTH BEND MANAGEMENT INC

(Name of corporation as it appears on the records of the Department of State)

2. DELAWARE3. 07/28/2020

(Incorporated under laws of)

(Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? DELAWARE

5. SABOR Y SALUD, INC.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. 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 AgentRONY SILVA REIS18051 BISCAYNE BLVD APT 202 N

(Florida street address)

New Registered Office Address:AVENTURA

(City)

Florida 33160

(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.

/s/ Rony Silva Reis

Signature of New Registered Agent, if changing

 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

2022 JAN 12 PM 2:27

FILED

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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	RONY SILVA REIS	18051 BISCAYNE BLVD APT 202 N	<input checked="" type="checkbox"/> Add
		AVENTURA, FL 33160	<input type="checkbox"/> Remove
P/D	ABRAHAM REYES	18051 BISCAYNE BLVD APT 202 N	<input type="checkbox"/> Add
		AVENTURA, FL 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

*/s/ Abraham Reyes*

---

(Signature of a director, president or other officer - if in the hands of  
a receiver or other court appointed fiduciary, by that fiduciary)

ABRAHAM REYES  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)

FILED  
 2022 JAN 12 PM 2:27  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 02:08 PM 01/10/2022  
FILED 02:08 PM 01/10/2022  
SR 20220078309 - File Number 7439890

**STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT  
OF CERTIFICATE OF INCORPORATION**

The corporation organized and existing under and by virtue of the General Corporation Law of the State of Delaware does hereby certify:

**FIRST:** That at a meeting of the Board of Directors of  
**NORTH BEND MANAGEMENT INC.**

resolutions were duly adopted setting forth a proposed amendment of the Certificate of Incorporation of said corporation, declaring said amendment to be advisable and calling a meeting of the stockholders of said corporation for consideration thereof. The resolution setting forth the proposed amendment is as follows:

**RESOLVED**, that the Certificate of Incorporation of this corporation be amended by changing the Article thereof numbered " ARTICLE I " so that, as amended, said Article shall be and read as follows:

**ARTICLE I - NEW NAME IS:**

**SABOR Y SALUD, INC.**

**SECOND:** That thereafter, pursuant to resolution of its Board of Directors, a special meeting of the stockholders of said corporation was duly called and held upon notice in accordance with Section 222 of the General Corporation Law of the State of Delaware at which meeting the necessary number of shares as required by statute were voted in favor of the amendment.

**THIRD:** That said amendment was duly adopted in accordance with the provisions of Section 242 of the General Corporation Law of the State of Delaware.

**IN WITNESS WHEREOF**, said corporation has caused this certificate to be signed this 10 day of DECEMBER, 2021.

By: 

Authorized Officer

Title: PRESIDENT

Name: RONY SILVA REIS

Print or Type

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SABOR Y SALUD, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SABOR Y SALUD, INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



7439890 8300

SR# 20220118706

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202391400

Date: 01-13-22