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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Daily_B	read Distr	ibution Center	JIAC.	
DOCUMENT NUMBER: <u>N1000 00</u>	2/38			
The enclosed Articles of Amendment and fee are subm				
Please return all correspondence concerning this matte	er to the following:			
Magdala	Oxil St (Name of Contact Perso	Tean		
Daily 1	Breach D/ (Firm/Company)	stribution C	r entergi	Inc
253	8 5/1/e/((Address)	Star Rd		
Orla	ndo FL.	32804		
Maggie & Lemail adjess: to be used	daily bread for future annual report	dd C.Org		
For further information concerning this matter, please	call:			
Magda la Oxi/ St Teas (Name of Contact Person)	2at(A	407-285-1/08 rea Code) (Daytime Telephon	e Number)	
Enclosed is a check for the following amount made pa				9093 Kill
	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	- · · · · · · · · · · · · · · · · · · ·	25 AH
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio The C	Address Idment Section on of Corporations Tentre of Tallahassee N. Monroe Street, Suite 810	TAIL	9: 55

Tallahassee, FL 32303

Articles of Amendment to

Articles of Incorporation of

Daily Bread Distribut Name of Corporation as currently filed with the Flo	hon Center, Inc.	
N1000 000 21		
(Document)	Number of Corporation (if known)	
ursuant to the provisions of section 617,1006, Florida 5 mendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts	the following
. If amending name, enter the new name of the cor	poration:	
		The new
ame must he distinguishable and contain the word "co Company" or "Co." may not be used in the name.	rporation" or "incorporated" or the abbreviation "Corp	o." or "Inc."
Enter new principal office address, if applicable:	2538 Silver Star Ro	√.
Principal office address <u>MUST BE A STRUET ADDR</u>	(ESS) Orlando 41. 32804	<u></u>
	= 	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	·	<u> </u>
	·	
		
). If amending the registered agent and/or registere new registered agent and/or the new registered of		
Name of New Registered Agent:		
	(Florida street address)	
New Registered Office Address:	rrioriai sveet ataressi	ys re
	, Florida	<u> </u>
	(City) (Zip Code)	
iew Registered Agent's Signature, if changing Regis hereby accept the appointment as registered agent. It	vered Agent: am familiar with and accept the obligations of the position	m.

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 F. 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.

miat monts, r as acom	ic, una cami imm	111, 07 113 U11, 11W.	
Example: X Change X Remove X Add	<u>V</u> <u>Mike</u>	<u>i Doe</u> e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	_S	Carline Victor	3005 Backiel Dr. Orlando Fl. 32804
Remove			Orlando Fl. 32804
2) Change Add			7
Remove Change Add Remove	S	Charlotte L. Carte	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
4) Change Add			
Remove			<u></u>
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or add (attach additional sh		Articles, enter change(s) here:). (Be specific)	9: 56 F. FL

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	<u> </u>	دد: تعر ا
		2623 JUL 25
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1./2-/-2023	; <u>`</u>	主 thaorthe
The date of each amendment(s) adoption: $\frac{10/35}{3033}$ date this document was signed.	if 0ther 1	
Effective date if applicable: 7/1/2023 (no more than 90 days after amendment file date)	TATE F1	29
(no more than 90 days after amendment file date)		

<u>Note:</u> 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 members and the number of votes cast for the amendment(s) was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated <u>6/30/23</u>
Signature (By the engirman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Magda la Oxil St Tean (Typed or printed name of person signing)
Dresident

(Title of person signing)