N11000003618

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: MED FOODS	INC	
DOCUMENT NUMI	BER: <u>N11000003618</u>		
The enclosed Articles	of Amendment and fee are sub	mitted for filing.	
Please return all corre	spondence concerning this matt	ter to the following:	
<u> </u>		AVO TERAN	
	(Name of	Contact Person)	
	MED F	FOODS INC	
		/ Company)	**************************************
		NBLEAU BLVD #414	
	(A	Address)	

**************************************		l, FL 33172 e and Zip Code)	
	(City/ Stat	e and Zip Code)	
	GTERANS	39@AOLCOM	
	E-mail address: (to be used	39@AOL.COM I for future annual report notificat	ion)
For further information	n concerning this matter, please	: call:	
	, p		
GUSTAVO TERAN	1	at (239) 770-5409	
	of Contact Person)	(Area Code & Daytim	
Enclosed is a check fo	r the following amount made pa	ayable to the Florida Department of	of State:
☑ \$35 Filing Fee	\$\square\$ \$\\$43.75 \text{ 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)
	g Address	Street Address	is onclosed)
	Iment Section	Amendment Section	
	on of Corporations ox 6327	Division of Corporation	s
	ussee, FL 32314	Clifton Building 2661 Executive Center (Circle

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of

F	ILED
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VALLAHASS	PH 1:52 Y OF STATE EE FLORIDA

MED FOODS INC

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

N1000003618

(Document Number of Corporation (if known)

he new name must be distinguishable and cobbreviation "Corp." or "Inc." <u>"Company" o</u>		
. Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>		
Enter new mailing address, if applicables (Mailing address MAY BE A POST OFFICE)		
If amending the registered agent and/or r new registered agent and/or the new registered agent and/or the new registered Agent:	egistered office address in Flori- stered office address:	da, enter the name of th
new registered agent and/or the new regis	egistered office address in Floristered office address: (Florida street address)	
Name of New Registered Agent:	stered office address:	

Signature of New Registered Agent, if changing

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
			m n
			L Remove
(attach d Amendin	additional sheets, if nece g article III, we need	ssary). (Be specific) the following wording added:	al and scientific
_			
<u>Section (</u>	or any locare receitar		
Adding a	rticle IX.		
Upon dis	solution of this organ	nization, assets shall be distributed for	one or more
exempt p	ourposes within the n	neaning of section 501(c)(3) of the In	ternal Revenue

The date of each	amendment(s) adoption: 4/15/2011
The date of cae	(date of adoption is required)
Effective date if	applicable: immediately
	(no more than 90 days after amendment file date)
Adoption of Am	endment(s) (CHECK ONE)
	ent(s) was/were adopted by the members and the number of votes cast for the amendment(s) icient for approval.
	members or members entitled to vote on the amendment(s). The amendment(s) was/were to board of directors.
	Signature (By the chairman or vice chairman of the board, president or other officer-if directo have not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)
	GUSTAVO TERAN (Typed or printed name of person signing)
	PRESIDENT (Title of person signing)