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TO: Amendment Section Division of Corporations

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NAME OF CORPORATION:	DNF FOODBANK, I	NC				
NI DOCUMENT NUMBER:	6000008764					
The enclosed Articles of Amena	ment and fee are subm	nitted for filing.				
Please return all correspondence	concerning this matter	to the following:	:			
Norberto Fleites, Jr.						
	(Name of Contact	Person)			-
DNF Foodbank, Inc						
		(Firm/ Comp	any)			
5580 E. Grant Street						
		(Address))	·		
Orlando FL 32822						
	(City/ State and Z	ip Code)			
ivan@marsancpas.com						
E-ma	il address: (to be used	for future annual	report noti	fication)	
For further information concerni	ng this matter, please c	all:				
Ivan Martinez			787		447-1172	
(Na	me of Contact Person)				(Daytime Telephone Number))
Enclosed is a check for the follo	wing amount made pay	able to the Florid	la Departm	ent of S	tate:	
	\$43.75 Filing Fee & [Certificate of Status	S43.75 Filing F Certified Copy (Additional cop enclosed)		Certific Certific	Filing Fee cate of Status ed Copy ional Copy is sed)	

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee. FL 32301

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Arti

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to	SFT:: THE .	
icles of Incorporation	SFIRE TALL AND THE	. 1
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DNF FOODBANK, INC		
(Name of Corporation as c	urrently filed with the Flor	rida Dept. of State)
N16000008764		
(Document	Number of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006. Florida amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not Fo</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
name must be distinguishable and contain the word "co "Company" or "Co," may not be used in the name	rporation" or "incorporated	The new f'' or the abbreviation "Corp," or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI	RESS)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>	;)	
D. If amending the registered agent and/or registere new registered agent and/or the new registered o		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(F)	lorida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registreby accept the appointment as registered agent. I		the obligations of the position.
	Signature of New Regist	tered 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)

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 X Remove X Add	V Mik	n Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	NORBERTO FLEITES, SR.	5580 E. GRANT STREET
Add			ORLANDO FL 32822
X Remove			
2) Change	D	YAMINA RUA	5580 E. GRANT STREET
Add			ORLANDO FL 32822
X Remove			
3) Change	D	RENEE ROSARIO	221 LITTLE CREEK LN
X Add			WINTER SPRINGS FL 32708
Remove			
4) Change	D	ALBERTO SAEZ	504 DOHENY WAY
X Add			CASSELBERRY FL 32707
Remove			
5) X Change	P	NORBERTO FLEITES, JR	5580 E GRANT STREET
Add			ORLANDO FL 32822
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Article (attach additional sheets, if necessary).	(Be specific)				
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(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 dadocument's effective date on the Department of State's records.	te will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment/was/were sufficient for approval.	ent(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/w adopted by the board of directors.	ere
Dated 5/31/2018	
Signature	
(By the chairman or vice chairman of the board, president or other officer-if direction have not been selected, by an incorporator — if in the hands of a receiver, trustee other court appointed fiduciary by that fiduciary)	
NORBERTO FLEITES, JR	
(Typed or printed name of person signing)	_
PRESIDENT	
(Title of person signing)	