## P02000058128

(Red	uestor's Name)	
(Add	lress)	
		<del> </del>
(Add	iress)	
(City	//State/Zip/Phone	· #)
	□ JAZAST	<b>□</b> ••••
☐ PICK-UP	WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Dor	cument Number)	
(500)	, amene ramber,	
Certified Copies	Certificates	of Status
Special Instructions to F		]
	g =	1
		ļ

Office Use Only



100251414651

09/18/13--01012--010 \*\*35.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

OCT -8 RM 1: 28

C. LEWIS

DC+1/L 2013

EXAMINER



## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 25, 2013

ROB SOCOL / ARS & ASSOCIATES INC 20810 WEST DIXIE HWY NORTH MIAMI BEACH, FL 33180

SUBJECT: HOMEMADE KOSHER FOODS, INC.

Ref. Number: P02000058128

We have received your document for HOMEMADE KOSHER FOODS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis Regulatory Specialist II

Letter Number: 913A00022541

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

Division of Corpo	orations		
NAME OF CORPOR	AATION: HOMEMA		R FOODS, INC
DOCUMENT NUME	<sub>SER:</sub> P02000058	128	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	ROB SOCOL		
	ARS & ASSOC		n
	20810 WEST (	Firm/ Company DIXIE HWY	
	NORTH MIAM	I BEACH, FL	33180
		City/ State and Zip Cod	e
RC	B@ARSACCC		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, please	se call:	
ROB SOCO	DL	<sub>at (</sub> 305	, 653-7350
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depo	artment 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)
Mailing Address		Street	Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

APPROVED

Articles of Amendment **Articles of Incorporation**  13 OCT -8 RM 1:28

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## HOMEMADE KOSHER FOODS INC

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

P <sub>0</sub> 2	വവ	05	21	28

dment(s) to

t Number of Corporation (if k	nown)	
1006, Florida Statutes, this Flo	orida Profit Corporation a	dopts the following amendmen
me of the corporation:		
ation "Corp," "Inc," or "Co	". A professional corpor	The new orated" or the abbreviation ation name must contain the
f applicable: TREET ADDRESS )		
<u>cable:</u> DFFICE BOX)		
	s in Florida, enter the nai	ne of the
	ES INC	
		-
		-
<b>NORTH MIAM</b>	BEACH Florida	33180
(City)	,	(Zip Code)
		ns of the position.
	me of the corporation:  ain the word "corporation," ation "Corp," "Inc," or "Co ion," or the abbreviation "P.  f applicable: FREET ADDRESS)  cable: DFFICE BOX  ARS & ASSOCIAT  20810 WEST I  (Florida street NORTH MIAM (City)  manging Registered Agent: cred agent. I am familiar with	me of the corporation:  ain the word "corporation," "company," or "incorporation "Corp," "Inc," or "Co". A professional corporation," or the abbreviation "P.A."  f applicable: FREET ADDRESS   Cable: DFFICE BOX  ARS & ASSOCIATES INC  20810 WEST DIXIE HWY  (Florida street address)  NORTH MIAMI BEACH  (City)

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	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	D	ISRAEL HAIK	2200 NE 203RD TERR
, Add	<del></del>		AVENTURA, FL 33180
X Remove			
2) Change	<b>D</b> / <i>P</i>	LIAT HAIK	2200 NE 203RD TERR
$X_{Add}$	<del></del>		AVENTURA, FL 33180
Remove			
3)Change			
Add			· · · · · ·
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
·	<del>.</del>
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
an amendment provides for an exchorovisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an analysis and analysis and an analysis analysis and an analysis and an analysis analysis and an analysis
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and and an and an and an analysis and analysis and an analysis
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and and an and an analysis and
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and and an and an and an
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and and if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and and if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and and itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and if not contained in the amendment itself:

		/3 <sub>007</sub>	-LU
The date of each amendment(s) adoption:date this document was signed.	8/15/13	TALL AHASS	10 STATE CORIDA
Effective date if applicable: (no i	$\frac{S/II^-/I3}{MORE}$ more than $90$ ddys after amendm	ent file date)	CRIDA
Adoption of Amendment(s) (CHECK	ONE)		
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for approv		at for the amendment(s)	
☐ The amendment(s) was/were approved by the share must be separately provided for each voting group			
"The number of votes cast for the amendmen	nt(s) was/were sufficient for appro	oval	
by	гоир)	. , , , , , , , , , , , , , , , , , , ,	
The amendment(s) was/were adopted by the board action was not required.	of directors without shareholder	action and shareholder	
☐ The amendment(s) was/were adopted by the incorpaction was not required.	oorators without shareholder actio	on and shareholder	
Dated Aug /8-2	1013		
Signature X ISRAGO	- Hank		
	or other officer – if directors or o tor – if in the hands of a receiver		
appointed fiduciary by th		, trustee, or other court	
-	Israel Hark		
	(Typed or printed name of person	on signing)	··· -
	Director		
<del> </del>	(Title of person signing)	)	

the