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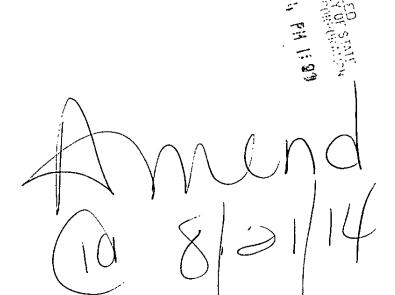
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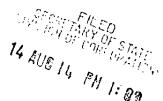
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Homema BER: P02000058	de Kosher Fo	ods Inc
	of Amendment and fee are su		
	spondence concerning this ma	·	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Rob Socol		
	ARS & Associa	Name of Contact Person	n
	7110 G 7330016		<del></del>
	00040 M4 D:	Firm/ Company	
	20810 West Di	xie Highway	<u> </u>
		Address	
	North Miami Be	each, FL 3318	30
	· ·	City/ State and Zip Cod	e
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Rob Socol		at (305	653-7350
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

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



## Homemade Kosher Foods Inc

(Document Number of Corporation (if known)  Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the followits Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must word "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	The new se abbreviation
A. If amending name, enter the new name of the corporation:  name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must word "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable:	The new se abbreviation
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"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name mu word "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable:	
	<del></del>
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. 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 Agent	
(Florida street address)	
New Registered Office Address: , Florida	
(City) (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.

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)

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D/P	LIAT HAIK	2200 NE 203RD TERR
Add			AVENTURA, FL 33180
Remove			
2) Change	Р	ISRAEL HAIK	10021 SW 72ND ST
Add		_	MIAMI, FL 33173
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
.,	
<del> </del>	
<u>lf an amendment provides for an exch</u>	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	<u> </u>

The date of each amendment(s) adoption: 08////4	, if other than the
$\rho \alpha / \omega / \omega$	
Effective date if applicable: (no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature S	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Liat Haik	
(Typed or printed name of person signing)	
p/d	
(Title of person signing)	