

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL MAIL
(Ві	usiness Entity Namo	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500313349285

05/17/18--01022--002 \*+52.50

S TALLENT JUN 05 2018

Mende





## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 21, 2018

GUS PAPATHANASOPOULOS MICROLIPID TECHNOLOGIES, INC. 8763 PISA DR. #5212 ORLANDO, FL 32810

SUBJECT: MICROLIPID TECHNOLOGIES, INC.

Ref. Number: P03000120637

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE DOCUMENT YOU HAVE SUBMITTED IS REFERENCED SPECIFICALLY FOR FLORIDA PROFIT BENEFIT OR FLORIDA PROFIT SOCIAL PURPOSE CORPORATIONS.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Susan Tallent Regulatory Specialist II

Letter Number: 618A00010553

Per 6/1/2018

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	ATION: MICROLIPID TE	CHNOLOGIES, I	NC.	
DOCUMENT NUMBI	P03000120637			
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following	ng: 	
(	GUS PAPATHANASOPOU	LOS		
<del>-</del>		Name of Conta	act Person	
<u> </u>	MICROLIPID TECHNOLO	GIES, INC.		
		Firm/ Con	nþany	
8	763 PISA DR. #5212			
		Addre	ss	
(	DRLANDO, FL 32810			
_		City/ State and	Zip Code	
gus@n	nicrolipids.com			
	E-mail address; (to be us	ed for future annu	ul report no	otification)
For further information	concerning this matter, pleas	e call:		
GUS PAPATHANASC	POULOS	at (	  7 	739-5804
Name of	Contact Person		Area Code	& Daytime Telephone Number
Enclosed is a check for	the following amount made [	payable to the Flo	 rida Departi 	nent of State:
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Cop (Additional co- enclosed)	y y	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 nassee, FL 32314		Division Clifton B 2661 Exe	ent Section of Corporations

## Articles of Amendment to

## Articles of Incorporation

of

$MICROLIPID\ TECHNOLOGIES, INC.$		
(Name o	of Corporation as currently	filed with the Florida Dept. of State)
P03000120637		
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:	
MICROLIPID BRANDS, INC.		The new
	vation "Corp," "Inc," or "C	"company," or "incorporated" or the abbreviation  o". A professional corporation name must contain the
B. Enter new principal office address, (Principal office address MUST BE A S		N/A ≅ <sub>12</sub> <del>oo</del> .
C. Enter new mailing address, if applications and the control of t		N/A TO THE D
D. If amending the registered agent an new registered agent and/or the new		
Name of New Registered Agent	N/A	
	(Florida stre	et address)
New Registered Office Address:	N/A	, Florida
New Registered Agent's Signature, if c		City) (Zip Code)
		ith and accept the obligations of the position.
	Signature of New Re	gistered Agent, if changing

• •			
address of each Officer (Attach additional sheets, Please note the officer/dis P = President; V= Vice : Executive Officer; CFO held. President, Treasure Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	and/or D if necess rector titl President = Chief I r, Directa l in the forwes the co	Director being added: sary) le by the first letter of the office title: t; T= Treasurer; S= Secretary; D= fi Financial Officer. If an officer/direct or would be PTD. Illowing manner. Currently John Doe orporation, Sally Smith is named the	Oirector: TR= Trustee: C = Chairman or Clerk: CEO = Chief or holds more than one title, list the first letter of each office is listed as the PST and Mike Jones is listed as the V. There is V and S. These should be noted as John Doe, PT as a Change,
Example: X Change	<u>PT</u>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add			<u></u>
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
			1

\_ Remove

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	A MENUNCIN PINANT CHYEN NUNE ATTA TANI
THE NUMBER OF TOTAL SHARES IN THE CORPORATION ARE	AMENDED FROM SIXTY NINE MILLION
(69,000,000) TO SEVENTY FIVE MILLION (75,000,000).	
THIS ACTION WAS APPROVED BY MAJORITY SHAREHOLDER	SOLE DIRECTOR & CEO.
F. If an amendment provides for an exchange, reclassification, or c provisions for implementing the amendment if not contained in	ancellation of issued shares,
(if not applicable, indicate N/A)	the amendment riseri.
N/A	

MAY 16, 2018 The date of each amendment(s) adoption:	, if other than the
date this document was signed.  MAY 16, 2018	, , , , , , , , , , , , , , , , , , , ,
Effective date if applicable:	s after amendment file date)
Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The numb by the shareholders was/were sufficient for approval.	per of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through values the separately provided for each voting group entitled to vote s	
"The number of votes cast for the amendment(s) was/were suff	Licient for approval
by N/A	."
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without action was not required.	ut shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shaction was not required.	nareholder action and shareholder
MAY 16, 2018	
Signature Confushan	osoporla
(By a director, president or other officer – i selected, by an incorporator – if in the hand	
appointed fiduciary by that fiduciary)	
GUS PAPATHANASOPOULOS	
(Typed or printed name	of person signing)
CEO, MAJORITY SHAREHOLD	ER & SOLE DIRECTOR
(Title of per	son signing)