## P03000 120637

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	MICROLIPID BR.	ANDS, INC		
DOCUMENT NUM	P03000120637 JBER:			
The enclosed Article	es of Amendment and fee are su	bmitted for filing.		
Please return all cor	respondence concerning this ma	tter to the following:		
	Michelle Papathanasopoulos			
	MICROLIPID BRANDS, IN	Name of Contact Person		
	8763 Pisa Drive, #5-212	Firm/ Company		
	Orlando, Florida, 32810	Address	· · · · · · · · · · · · · · · · · · ·	
		City/ State and Zip Cod	e	
	Michelle@microlipids.com			
	E-mail address: (to be us	ed for future annual report	notification)	
for further informat	ion concerning this matter, pleas	se call:		
Michelle Papathanasopoulos		407 at (	739-5804	
Name	e of Contact Person		de & Daytime Telephone Number	
Enclosed is a check	for the following amount made p	payable to the Florida Dep	artment of State:	
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ar Di P.0	ailing Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

MICROLIPID BRANDS, INC

(Name	of Corporation as current P0300012063		da Dept. of State)	
	(Document Number of	of Corporation (if know	n)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corpor	ration adopts the following	ng amendment(s) to
A. If amending name, enter the new n	ame of the corporation:			
				_The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co",	A professional corpor	orated" or the abbreviati ation name must contai	on "Corp", in the word
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>				
				· ;
C. Enter new mailing address, if appl (Mailing address MAY BE A POST				
				<u> </u>
D. If amending the registered agent ar	nd/or registered office add	lress in Florida, enter	the name of the	<del></del>
new registered agent and/or the new Name of New Registered Agent	w registered office addres MICHELLE PAPATHAN			, <i>J</i>
Same of New Registered Agent	8763 Pisa Drive, #5-212			_
	(Florida st	reet address)		_
New Registered Office Address:	orlando			
		(Cny)	(Zīp)	Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent ered agent. I am familiar	t: with and accept the ob	ligations of the position.	
Me	Signarly of New F	all Masoria Registered Agent, if ha	nging	-

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 PTJohn Doe X Remove <u>V</u> Mike Jones $\underline{X}$ Add SVSally Smith Type of Action Title <u>Name</u> Address (Check One) CEOD Gus Papathanasopoulos 8763 Pisa Dr. #5-212 1) \_\_\_\_ Change Orlando, fl 32810 \_ Remove CEOD Michelle Papathanasopoulos 8763 Pisa Dr. #5-212 2) \_\_\_\_ Change Orlando, fl 32810 \_ Add 8763 Pisa Dr. #5-212 \_\_ Remove Michelle Papathanasopoulos 3) \_\_\_\_ Change Orlando, fl 32810 \_ Add \_Remove 4) \_\_\_\_ Change \_\_\_ Add \_ Remove 5) \_\_\_\_ Change \_\_\_ Add \_\_ Remove 6) \_\_\_\_ Change \_\_ Add \_\_ Remove

E. If amending or adding additional Article (Attach additional sheets, if necessary).	(Be specific)
N/A	
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<u> </u>	
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	<del> </del>
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nament is not contained in the amendment users.
N/A	
<del></del>	
	<del></del>
	<u> </u>

•

The date of each amendment(s) adoption: date this document was signed.	if other than the
Effective date if applicable:  (no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action a action was not required.	nd shareholder
☐ 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)	
Signature  Signature  (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)  MICHELLE PAPATHANASOPOULOS  (Typed or printed name of person signing)  CEOD	
(Title of person signing)	