

P04000055495

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0380

From:

Account Name : GBS CONSULTANTS
Account Number : I20010000207
Phone : (954)659-8835
Fax Number : (954)301-0417

FILED
04 SEP 23 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BASIC AMENDMENT

FOOD SOLUTION DISTRIBUTORS, INC.

RECEIVED

04 SEP 23 PM 4:11

DIVISION OF CORPORATIONS

Certificate of Status	0
Certified Copy	1
Page Count	03
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*Amendment
09/24/04
DC*

09/20/2004 17:09
850-205-0381

954-3810417

9/23/2004 1:53

GBS GROUP

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Florida Dept of State

PAGE 01



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 23, 2004

FOOD SOLUTION DISTRIBUTORS, INC.
870 NANDINA DR
WESTON, FL 33327

SUBJECT: FOOD SOLUTION DISTRIBUTORS, INC.
REF: P04000055495

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Please accept our apology for failing to mention this in our previous letter.

The current name of the entity is as referenced above. Please correct your document accordingly.

The name should include a period after INC.

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) 245-6027.

Michelle Milligan
Document Specialist

FAX Aud. #: H04000190091
Letter Number: 904A00056113

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FOOD SOLUTION DISTRIBUTORS, INC.

DOCUMENT NUMBER: P04000055495

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

IRIS C. FERNANDEZ
(Name of Contact Person)

GBS CONSULTANTS
(Firm/ Company)

1290 WESTON ROAD, SUITE 306
(Address)

WESTON, FL 33328
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Iris C. Fernandez at (954) 659-8835
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$47.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

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

Street Address
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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09/20/2004 10:57
RightFax

954-3010417

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Florida Dept of State



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 23, 2004

FOOD SOLUTION DISTRIBUTORS, INC.
870 NANDINA DR
WESTON, FL 33327

SUBJECT: FOOD SOLUTION DISTRIBUTORS, INC.
REF: P04000055495

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The date of adoption of each amendment must be included in the document.

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) 245-6027.

Michelle Milligan
Document Specialist

FAX And. #: H04000190091
Letter Number: 104A00056025

Articles of Amendment
to
Articles of Incorporation
of

FOOD SOLUTION DISTRIBUTORS, INC.

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

P04000055495

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

ARTICLE IX

The name and post office address of the subscriber of these articles of incorporation, the number of shares of stock that she agrees to take and the value of the consideration therefore is:

Name	Address	Shares	Consideration
Jeanette S. Lavleri	870 Nandina Drive Weston, FL 33327	100 %	\$ 100.00

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

N/A

(continued)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 SEP 23 PM 5: 00

FILED

The date of each amendment(s) adoption: 07/28/2004

Effective date if applicable: _____
(no more than 90 days after amendment file date)


Adoption of Amendment(s) **(CHECK ONE)**

- The amendment(s) was/were approved 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)
- 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.

Signed this 28 day of July, 2004

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)

Jasneha S. Lovari

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE: \$35

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