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AUG 23 2017



COVER LETTER

Division of Corporations NAME OF CORPORATION: MI TIA FOOD CORPORATION DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JOSE R-URENA
Name of Contact Person TA FOOD CORPORATION 500 NE 172ND ST. NORTH MIAMI Beh, FL 33162 City/State and Zin Code JURENA 500 @ yahoo Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 301-8181

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & Certificate of Status ☐ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

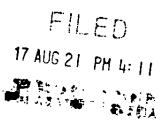
Mailing Address

TO: Amendment Section

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

' Articles of Amendment to Articles of Incorporation of



MITIA FOOD CORPORATION

(Name of Corporation	as currently filed with the Florida Dept. of State)
P04000101064	- La Currency rinea with the Florida Dept. Or State)
(Documer	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	poration:
	The new "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDR	ESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1
(Stating diaress MAT BE AT OST OFFICE BOX)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
new registered agent and/or the new registered or	nce address:
Name of New Registered Agent	
	(Florida street address)
N 9 1 700 117	
New Registered Office Address:	(City), Florida, Florida
	(chy cour)
New Registered Agent's Signature, if changing Regist	tered Agent
	am familiar with and accept the obligations of the position.
Signati	ure 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 Doc	
X Remove	<u>V</u>	Mike Jones	
\underline{X} Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	PT	URENA. EDMUNDO R.	500 NE 172ND ST
Add			NORTH MIAMIA BCH
X Remove			FL 33162
2) X Change	PT	URENA, JOSE R.	500 NE 172ND ST
Add			NORTH MIAMI BCH
Remove			FL 33162
3)Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
51 Change			
Add			
Remove			
6)Change			
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)	
	· · · · · · · · · · · · · · · · · · ·	, ·
		
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, <u> </u>		
	,	
f an amendment provides for an excl	ange, reclassification, or cancellation	of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	dment if not contained in the amend	<u>lment itself:</u>
vi voi appronere, marcaic vivi)		
		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dat document's effective date on the Department of State's records.	e will not be listed as the
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):	nt
"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.	r
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
08/07/2017 Dated	
Signature Ope Vrona	
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)	
JOSE R. URENA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	-