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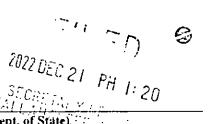


COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: DADE FOOD BAZ	ZAAR CORP.			
DOCUMENT NUME	ER: P04000144981				
	of Amendment and fee are sul	bmitted for filing.			
Please return all corres	pondence concerning this mat	tter to the following:			
	DOMINGO DIAZ				
		Name of Contact Person	1		
	DADE FOOD BAZAAR CORP.				
		Firm/ Company			
	14821 N 7TH STREET				
	, ,	Address			
	DADE CITY, FL 33523				
		City/ State and Zip Code	e		
	DOCUMENTS@IBSTAX.CO	OM			
	E-mail address: (to be us	ed for future annual report	notification)		
For further information	n concerning this matter, pleas		<u>521-0505</u>		
Name of Contact Person		at (Area Co) 521-0505 de & Daytime Telephone Number		
Enclosed is a check for	the following amount made p				
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	■S43.75 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 Industry	Amend Divisio The C 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment to Articles of Incorporation of



DADE FOOD BAZAAR CORP.

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P04000144981	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co", "chartered," "professional association," or the abbreviation "P.A.	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BON</u>)	NVA
	N/A
D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address	
N/A	
Name of New Registered Agent	
(t torida s	treet address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	
I hereby accept the appointment as registered agent. I am familiar	
Clause agreement and All more	Registered Agent, if changing
Signature of New .	медыетса ядет, у спануту
Charle if annianhla	

☐ 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	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	VD	VICTOR DIAZ	8094 ABBY BROOKS CIRCLE
X Add			WESLEY CHAPEL, FL 33543
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

E. If amending or addit		cles, enter chang	ze(s) here:			
(Attach additional she	rets, if necessary).	(Be specific)				
N/A						
						
	<u>.</u> .					
	· · · · · · · · · · · · · · · · · · ·				,	
						
F. If an amendment pr provisions for imple						
(if not applicabl	e, indicate N/A)	indirection in store co.	manico in the a	menument text	1.	
RECLASSIFICATION O	OF SHARES:					
DOMINGO DIAZ - PST	D - 85 SHARES					
VICTOR DIAZ - VD -	 15 SHARES					
				·		

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	01/01/2022	
The date of each amendment(s	adoption:	, if other than th
date this document was signed.		
	1/01/2022	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, thi Department of State's records.	s date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a action was not required.	adopted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment sufficient for approval.	lent(s)
	approved by the shareholders through voting groups. The following stator each voting group entitled to vote separately on the amendment(s):	tement
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	,,,	
<u> </u>	(voting group)	
Signature / (By sele	director, provident or other officer – if directors or officers have not bested, by an incorporator – if in the hands of a receiver, trustee, or other officer fiduciary by that fiduciary)	
	DOMINGO DIAZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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