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TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: LTF Deli	rouch Inc.
DOCUMENT NUMBER: PO6001118	
The enclosed Articles of Amendment and fee are submitted for filing	
Please return all correspondence concerning this matter to the following	
_ Jason Lafo	Shtain
Name of Cont	act Person
Jason's Co	rner
Firm/Cor	n pan y Dan y
135 Cano	W 5+.
Addre	35.11.1
NewSmyrna	Beach F2 32168
(Çity/ State and	Zip Code
1950nla Fount	ain @ aol.com
E-mail address: (to be used for future annu	dallreport notification)
For further information concerning this matter, please call:	
Jason LaFountain	186,424-9878
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Flo	
□ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing	
Certificate of Status Certified Cop	
(Additional co	opy is Certified Copy
enclosed)	(Additional Copy
	is enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301



<u>_ </u>	W :
(Name of Corporation as currently	filed with the Florida Dept. of State)
LTF Deli Touch, Inc.	1906000 111349
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this fits Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation;	The new
name must be distinguishable and contain the word "corporation	"company," or "incorporated" or the abbreviation
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword" chartered," "professional association," or the abbreviation "f	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
(Trincipal office address MOST BE A STREET ADDRESS)	
	1111
C. Enter new mailing address, if applicable:	5 3 -n
(Mailing address MAY BE A POST OFFICE BOX)	
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[]	
	<u> </u>
D. If amending the registered agent and/or registered office addre	sslin Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent Jason	altountain
125 00001	THE POLICE OF THE PROPERTY OF
(Florida stree	raddress) 32
	2718
New Registered Office Address: Deu Smill	Giry Florida 5 4 6 0
<u> </u>	
	₹₿₿₿ ₿ 1 .
New Registered Agent's Signature, if changing Registered Agent:	16 19 L
I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
[/n +#:	1111
Signature of New Ro	gistered Agent, if changing
1 0	
	1146-1
	1140: 6

Page 1 of 4

address of each Office (Attach additional shee Please note the officer/ P = President; V= Vic Executive Officer: CFC held. President, Treasu	a and/or Director ats, if necessary) director title by the ee President; T= Ti O = Chief Financia arer, Director would ed in the following deaves the corporal	being added: e first letter of the reasurer: S= Sec al Officer. If an d be PTD, manner. Curren ion, Sally Smith	e office title: retary; D D officer/direct	irector; TR= Tr or holds more u	director being removed and title, name, and rustee; C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office PST and Mike Jones is listed as the V. There is thould be noted as John Doc, PT as a Change.
X Change	<u>PT</u> <u>John I</u>	<u>)0e</u>) 	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>		.],	
_X Add	SV Sally	<u>Smith</u>		^{1.} i	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		.	Address
1) X Change	MPD	<u>Jason</u>	Lafor	ontain	135 Canal St.
Add				լ լ լ գ	New Smyrra Beach
Remove					FL 32168
2) Change	DP	Shell	y FUGG	<u>jeron</u>	135 CanalSt.
Add		`			NSB FC 32168
Remove					
3) Change	<u> </u>	Char	vie Br	adure	135 (anal 5+
Add					NSB FL 32168
Remove					
4) Change		Kathe	rine	romble	
_X Add				_	NSB, PR 32168
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					
		1	Page 2 of 4		
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• • •		
E. If amending or adding additional Articles	enter change(s) here:	
(Attach additional sheets, if necessary). (E	Re specific)	
	al/A	
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		1 1
		
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	1 11 1	:
		
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F. If an amendment provides for an exchang provisions for implementing the amendment	e, reclassification, or ca ent if not contained in t	ncellation of issued shares. he amendment itself:
(if not applicable, indicate N/A)		
· · · · · ·	N/A III	
	1	
	Page 3 of 4	

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 date will not be listed as the document's effective date on the Department of State's records.
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):
"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.
Dated (1.6.7
Signature
(By a director, president or other officer - littlinectors 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)
Jason Latountain
(Typed or printed name of person signing)
President
(Title of person signing)