P0600136992

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Amendlas M3/11/0

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION:	Atyank Foods I	nc
DOCUMENT NU	CUMENT NUMBER: P06000136992		
The enclosed Artic	cles of Amendment and fee a	e submitted for filing.	
Please return all co	orrespondence concerning th	matter to the following:	
		awrence Swan	
•	ľ	me of Contact Person	
	C	loosehatche Tax	
Firm/ Company 709 Cape Coral Pkwy West			
		Address	
CAPE C		E CORAL FL 33914	
	С	y/ State and Zip Code	•
	Lawren E-mail address: (to be use	e.Swan@ctfs.us for future annual report notifica	tion)
For further inform	ation concerning this matter,	olease call:	
Ĺ	.awrence Swan	at (239)	540-2612
Name	e of Contact Person	Area Code & Daytin	me Telephone Number
Enclosed is a chec	k for the following amount n	ade payable to the Florida I	Department of State:
□ \$35 Filing Fee	✓ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclo	\$52.50 Filing Fee Certificate of Status Osed) Certified Copy (Additional Copy is enclosed)
Mailing A		Street Address	
Amendment Section		Amendment Section	
Division of Corporations		Division of Corporatio	ns
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center	Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of



Atyank Foods, Inc
(Name of Corporation as currently filed with the Florida Dept. of State)
P06000136992

P060	000136992	
(Document Num	ber of Corporation (if kno	wn)
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	, Florida Statutes, this F	lorida Profit Corporation adopts the follo
A. If amending name, enter the new name of	the corporation:	
name must be distinguishable and contain to abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "prof	designation "Corp," "Inc	c," or "Co". A professional corporation
B. Enter new principal office address, if appl (Principal office address <u>MUST BE A STREE</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u></u>	
D. If amending the registered agent and/or renew registered agent and/or the new regis		n Florida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street d	address)
_		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changin I hereby accept the appointment as registered ag	gent. I am familiar with a	and accept the obligations of the position.

Signature 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)

* :

Title	<u>Name</u>	<u>Address</u>	Type of Action
<u>D</u>	Ashlee Conley	16211 Dublin Circle E201 Ft Myers FL 33908	
			□ Add □ Remove
(attach a	dditional sheets, if necessary). (Be specific)	
			· · · · · · · · · · · · · · · · · · ·
provisi		nge, reclassification, or cancellation of ment if not contained in the amendme	

The date of each amendme	nt(s) adoption: March 8th 2010
	(date of adoption is required)
Effective date <u>if applicable</u> :	
. •	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
	were adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	vere approved by the shareholders through voting groups. The following statement ded for each voting group entitled to vote separately on the amendment(s):
"The number of vote	es cast for the amendment(s) was/were sufficient for approval
by	. "
•,	""
action was not required.	were adopted by the board of directors without shareholder action and shareholder were adopted by the incorporators without shareholder action and shareholder
Signature (F	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)
	Michael Ronessi
	(Typed or printed name of person signing)
	Vice President
	(Title of person signing)