## Florida Department of State División of Corporations Electropic Eding Cover Sheet

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To:

Division of Corporations

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Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

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ROMAIN INVESTMENT, CORP.

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## **Articles of Amendment**

to

Articles of Incorporation

10 MAY 28 AM O.

ROMAIN INVE	STMENT, CORP	Dent. of State) ( Ale 1889 )	· C /
(Name of Corporation as curren	tly filed with the Florida	Dept. of State) ( A P. 28 Y ac	7
P0700	00106866	Dept. of State) ( A) SSEE, FLOR	TF
(Document Numb	er of Corporation (if know	· CURi	$\mathcal{D}_{\mathcal{A}}$
tursuant to the provisions of section 607.1006, mendment(s) to its Articles of Incorporation:	Florida Statutes, this Fl	orida Profit Corporation adopts the fe	ollov
. Hamending name, onter the new name of t	he corporation:		
CHICBERRY FROZ	EN YOGURT COMP	ANY The ne	w
ane must be distinguishable and contain the bbreviation "Corp.," "Inc.," or Co" or the d ame must contain the word "chartered," "profes	esignation "Corp," "Inc,	" or "Co". A professional corporation	ie in
i. <u>Enter new principal office address, if applic</u> Principal office address <u>MUST BE A STREET</u>			
C. Enter new mailing address, if applicable:	<del></del>		
(Mailing address MAY BE A POST OFFICE	BOX)		
	<del></del>		
• •			
. If amending the registered agent and/or reg new registered agent and/or the new registe		Florids, enter the name of the	
		Florids, enter the name of the	
new registered agent and/or the new registe			
new registered agent and/or the new register  Name of New Registered Agent:	red office address:		
new registered agent and/or the new register  Name of New Registered Agent:	red office address:	idress)	
new registered agent and/or the new register  Name of New Registered Agent:  New Registered Office Address:	(Florida street ac	ddress), Florida	
new registered agent and/or the new register  Name of New Registered Agent:  New Registered Office Address:  ew Registered Agent's Signature, if changing	(Florida street as (City)  Registered Agent:	ddress) , Florida (Zip Code)	
new registered agent and/or the new register  Name of New Registered Agent:	(Florida street as (City)  Registered Agent:	ddress) , Florida (Zip Code)	

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removed a	ng the Officers and/or Directors, and title, name, and eddress of ea distonal sheets, if necessary)	ch Officer and/or Director heins	added:
Title	Name	Address	Type of Action
			DAdd
			☐ Remove
_			
E. <u>If amen</u>	ding or adding additional Article	s, enter change(s) here:	
(assach d	additional sheets, if necessary). (	Be specific)	
<u>.                                    </u>			
			-
<u> </u>		,	
F. <u>Ifan a</u>	mendment provides for an excha	nge <u>, reclass</u> ificat <u>ion, or cancella</u>	tion of issued shares.
provisi	ons for implementing the amend not applicable, indicate N/A)	ment if not contained in the ame	ndment itself:
<b>W</b> .	,		
-	**************************************		
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			· · · · · · · · · · · · · · · · · · ·

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The date of each amendment(s)	(date of adoption is required)	
Effective date if applicable: (n	o more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
✓ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	t for the amendment(s) was/were sufficient for approval	
by	oting group)	
. (٧٥	ung group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated 5-27-20	010	
Signature (M)	wif all by loa S	
Byod	inector, president or other officer - if directors or officers have not been	
appoint	i, by an moorphreter - if in the hands of a receiver, trustee, or other court led fiduciary by that fiduciary)	
	Romain Roa	
	(Typed or printed name of person signing)	
	President	
<del></del>	(Title of person signing)	

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