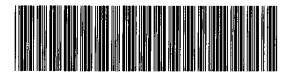
P07000126217

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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OB JAN 14 PM 1: 18
SECRETARY OF STATE
ALLYAHASSEE, FLORED

Amend. 01/17/08

COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF COR	PORATION: The	e Allergy-F	ree Shop,
DOCUMENT NU	IMBER: POTC	000126217	
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
	Jennifer (Name	Herskowi of Contact Person)	+2
	The Aller	OV-Free Company)	Shop Inc.
74 - <u>11 .</u>	8803 81	M 132 St. (Address)	
	Miami, F	EL 33176 State and Zip Code)	
For further information	ation concerning this matter,	please call:	
Jennif	e of Contact Person)	at (305) AF	1 2828 ne Telephone Number)
Englosed is a checl	k for the following amount:		
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ac Amendmen		Street Address Amendment Section	

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment

to
Articles of Incorporation

(Name of corporation as currently filed with the Florida Dept. of State) (Name of corporation as currently filed with the Florida Dept. of State)
P07000126217 (Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
CORE LAH
add: Title VP
Dr. Allan Herskowitzes 2
Miami, FL 33176
(Attach additional pages if necessary)
If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

The date of each amendment(s) adoption: 1 30 07 Effective date if applicable: 1 30 07 (no more than b0 days after amendment file date)
Adoption of Amendment(s) (<u>CHECK ONE</u>)
The amendment(s) was/were approved 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.
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)
Jennifer Herskowitz (Typed or printed name of person signing)
President/Incorporator (Title of person signing)

FILING FEE: \$35