P08000031455

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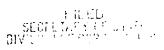
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: Eulalia Distribuito	n Services, Inc	
	1BER: P08000031455	-,,	
The enclosed Article	es of Amendment and fee are su	hmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Ersilia Moreno		
		Name of Contact Person	1
	Eulalia Distribution Services	, Inc	
		Firm/ Company	
	288 Camellia Str	, ,	
	· ·	Address	
	Palm Beach Gardens, FL 334	110	
		City/ State and Zip Cod	e
info	@oliveoiloftheworld.com		
	•	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
Ersilia Moreno		at (386-0756
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
\$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 Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassec, FL 32301

Articles of Amendment to Articles of Incorporation of



EULALIA DISTRIBUTION SERVICES, INC.

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ECEALIA DISTRIBUTION SERVICES, INC	
(Name of Corporation as cu	rrently filed with the Florida Dept, of State)
² 08000031455	
(Document Num	nber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statute ts Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporati	on:
	The new
	poration," "company," or "incorporated" or the abbreviation or "or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
muning accress MAT BEAT OST OFFICE BOX	
 If amending the registered agent and/or registered office new registered agent and/or the new registered office agent. 	
Name of New Registered Agent	
(Flo	rida street address)
New Registered Office Address:	, Florida
The Property of the Property o	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	
I hereby accept the appointment as registered agent. I am fai	niliar with 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)

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	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	V	Rasheed Shihada	4125 Lilac Str
x Add			Palm Beach Gardens, FL 33410
Remove			
2) Change		_	
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	

, <u>, , , , , , , , , , , , , , , , , , </u>	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and and an adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
0% of all shares held by President Ersilia	Moreno will transfer to Vice President Rasheed Shihada
~ -	
	18 day 1 mil

01/01/2016
The date of each amendment(s) adoption:
date this document was signed. SECT TARY FOR THE DESIGN OF THE PROPERTY OF TH
Effective date if applicable:
(no more than 90 days after amendment file date \$16 JAN PM 1: 02
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a 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.
01/01/2016 Dated
Signature Ceselber Fleren
(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)
ERSILIA MORENO
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)