## P08 0000 51913

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## COVER LETTER

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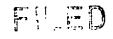
TO: Amendment Section

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Division of Corpe	rations		
NAME OF CORPOR		verage Distributor Inc.	·····
DOCUMENT NUMB			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Jovianna Gonzalez		
,	Miami Food & Beverage Dis	Name of Contact Person tributor Inc.	1
	8211 East Dixie Highway	Firm/ Company	
•	Miami, Florida 33138	Address	
	OVIANNAG Dmail address: (to be us	City/ State and Zip Code Oaol (OM) ed for future annual report	
For further information	concerning this matter, pleas	se call:	
Jovianna Gonzalez		305 at (	766-7720
Name o	f Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	oayable to the Florida Depa	rtment of State:
S35 Filling 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)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation of



MIAMI FOOD & BEVERAGE DISTRIBUTORS INC.

2019 MAR 25 PM 5: 27

P08000051913	i Corporation as currei	thy filed with the Florida Dept. of State)	
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporation adopts the following am	nendment(s)
A. If amending name, enter the new na	me of the corporation:	Th	, new
	ation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbre "Co". A professional corporation name must cont	viation
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		8211 East Dixie Highway	
		Miami, Florida 33138	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )		8211 Fast Dixie Highway	
		Miami, Florida 33138	
D. If amending the registered agent an new registered agent and/or the new			
Name of New Registered Agent	8211 East Highway	Dixie Highway.	
	(Florida	street address)	
New Registered Office Address:	Miami	33138 , Florida (City)	
New Registered Office Address:			

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. I am familiar 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.

X Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action	<u>Title</u> <u>Name</u>	<u>Addres</u> s
(Check One)	Presiden (PT) - Alfredo Cata	7306 COLLINS AVENUE # 74
1) Change		MIAMI BEACH, FL 33141
X Remove		
	Presiden (PT) – Jovianna Gonzalez	8211 Easy Highman Dixie Highway
2) Change Add		Miami, Florida33138
Remove		
3 ) Change		
Add	<u> </u>	
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

	ling or adding additional A dditional sheets, if necessary	(Be specific)			
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	- <del></del>			***	
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. If an amo	endment provides for an exons for implementing the ar	change, reclassification	1, or cancellation of issue	ed shares, self:	
provisio	not applicable, indicate N/A)			<u></u>	
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The date of each amendment(s) adoption:date this document was signed.		, if other than the
uate this document was signed.		
Effective date <u>if applicable</u> :		
(no more	Anan 99 aays ajier amenameni jue aate	,
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's rec		ts, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONI	<u>E</u> )	
■ The amendment(s) was/were adopted by the shareholde by the shareholders was/were sufficient for approval.	rs. The number of votes cast for the am	endment(s)
☐ The amendment(s) was/were approved by the sharehold must be separately provided for each voting group entities.		
"The number of votes cast for the amendment(s) v	was/were sufficient for approval	
by(voting group)		
(voting group)		
☐ The amendment(s) was/were adopted by the board of di- action was not required.	irectors without shareholder action and s	shareholder
☐ The amendment(s) was/were adopted by the incorporate action was not required.	ors without shareholder action and share	holder
Dated 03/17/19.		
Signature Dlo-L	<u> </u>	
	ner officer – if directors or officers have if in the hands of a receiver, trustee, or (	
appointed fiduciary by that fid		nici cont
Alfre	edo Cata.	
(Typed or p	orinted name of person signing)	
Pre	sident	
<del></del>	(Title of person signing)	

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