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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE

Amon C.COULLIETTE

MAY 19 2009

EXAMINER

COVER LETTER

TQ: Amendment Section Division of Corporations

| NAME OF CORPORATION | : <u>INTE</u> | ERCONTINENTAL | , foods | /NC | |
|---|-----------------------------|---|---------------|---|------|
| DOCUMENT NUMBER: | P0900 | 00010695 | | | |
| The enclosed Articles of Amend | dment and fee a | are submitted for filing | | | |
| Please return all correspondenc | e concerning th | is matter to the followi | ing: | | |
| | ALBERTO | · · · · · · · · · · · · · · · · · · · | | | |
| | 1 | Name of Contact Person | | | |
| | TRIGO + | Firm/ Company | | | |
| | - | Firm/ Company | | , | |
| | 4338 : | 5w 85T | | / | |
| | | Address | | | |
| | MIAMI, | FC 33,33 | <i>-</i> | | |
| | (| City/ State and Zip Code | | | |
| | 772160 C | BELL SOUTH. NE | = j- | | |
| E-maii | address: (to be use | ed for future annual report i | notification) | | |
| For further information concern | ning this matter | , please call: | | • | |
| ALBERTO TELLED | | at (305) | 444- | 1953 | |
| ALBERTO TE160 Name of Contact Per | son | Area Code & | Daytime Tel | ephone Number | |
| Enclosed is a check for the following | owing amount 1 | made payable to the Flo | orida Depart | ment of State: | |
| | Filing Fee & cate of Status | \$43.75 Filing Fee Certified Copy (Additional copy | | \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | sed) |
| Mailing Address Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314 | ıs | Street Address Amendment Sec Division of Corp Clifton Building 2661 Executive | orations | e | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| (Name of Corporation as currently filed with the Florida Dept. of State) |
|--|
| INTERCONTINENTAL FOODS INC |
| (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 mendment(s) to its Articles of Incorporation: |
| A. If amending name, enter the new name of the corporation: |
| The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." |
| B. Enter new principal office address, if applicable: 1335 NW 98TH CT |
| Principal office address MUST BE A STREET ADDRESS) UNIT 12 |
| DORAL, PL 33172 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 1335 NW 98TH CT |
| DORAC, FC 33172 |
| D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: |
| Name of New Registered Agent: |
| |
| New Registered Office Address: (Florida street address) |
| , Florida |
| (City) (Zip Code) |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. |
| Signature of New Registered Agent, if changing |
| Page 1 of 3 |

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)

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---|---|----------------|
| _D_ | ALESSANDRO D'AURIA | 1335 NW 98TH LT VNIT 12 DORAL, PL 33172 | Add Remove |
| <u>D</u> | GHANI MACHADO | 1335 NW 98TH CT UNIT 12 DOLAC, FL 33172 | ☐ Add ☐ Remove |
| <u></u> | ALESANDAO HERRERA | 1335 NW 987HCT VNIT 12 DOLAL PC 33172 | Add Remove |
| | ling or adding additional Articles, enter dditional sheets, if necessary). (Be specif | | |
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| provisi | nendment provides for an exchange, recloss for implementing the amendment if interpretable, indicate N/A) | | |
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| | |) | |

| The date of each amendment | (s) adoption: MAY 7, 2009 |
|---|---|
| Effective date <u>if applicable</u> : | MAY 7, 2009 |
| • | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/wer by the shareholders was/we | re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval. |
| | re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s): |
| | cast for the amendment(s) was/were sufficient for approval |
| by | (voting group) |
| | (voting group) |
| The amendment(s) was/wer action was not required. | re adopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/wer action was not required. | re adopted by the incorporators without shareholder action and shareholder |
| Dated | MAY 7, 2009 |
| Signature | |
| C_sole | a director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary) |
| | Autor Co Une Z. (Typed or printed name of person signing) |
| | (Typed or printed name of person signing) |
| | SELRETARY |
| | SECRETARY (Title of person signing) |