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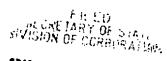
SECRETARY OF STATE STYLES OF CORPCE AT THE

TO: Amendment Section Division of Corporations 2818 AUG 15 AM 11: 16

NAME OF CORPOR	ATION: Infinity Provisions	, Inc.	
DOCUMENT NUME	ER: P09000062403		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Matthew Troccoli		
		Name of Contact Persor	1
	<u> </u>	Firm/ Company	
	6222 Greatwater Drive		
		Address	
	Windermere, FL 34786		
		City/ State and Zip Code	2
intini	typrovk@gmail.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further information	n concerning this matter, plea	se call:	
		at (_)
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment 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

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



2018 AUG 15 AM 11: 14

Infinity Provisions, Inc.

(Name of Corners	ation as currently filed with the Florida Dept. of State)
P09000062403	as currently fact with the provide pept of stage
(Doc	ument Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Flor its Articles of Incorporation:	ida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the	corporation:
N/A	The new
	ord "corporation," "company," or "incorporated" or the abbreviation or "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicat	ble:
(Principal office address MUST BE A STREET AL	
C. Enter new mailing address, if applicable:	N/A
(Mailing address <u>MAY BE A POST OFFICE E</u>	BON)
D. If amending the registered agent and/or regis	stered office address in Florida, enter the name of the
new registered agent and/or the new registered	
Name of New Registered Agent N/A	
	(Florida street address)
New Registered Office Address:	. Florida
Mark Mark Mark Mark Mark Mark Mark Mark	(Cuy) (Zip Code)
N 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	constant Agent: t. 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.

Example: XChange	<u>PT</u>	John Doe		
X Remove	\underline{V}	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	VP	Leonard D. Troccoli	5513 Oxford Moor Blvd.	
Add X Remove			Windermere, FL 34786	
2) Change	VP	Cheryl Troccoli	5513 Oxford Moor Blvd.	
X Add			Windermere, FL 34786	
Remove				
3.) Change				
Add				
Remove				
41 Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending (Attach adde	ng or adding additional Ar litional sheets, if necessary)	ticles, enter change((Be specific)	s) here:		
N/A	······································	1115 1715 9157			
1977					
			•		
F. If an ame	<u>ndment provides for an ex</u>	change, reclassificat	ion, or cancellatio	n of issued shares,	
<u>provisioi</u> (if ne	ns for implementing the an or applicable, indicate N/A)	iendment if not conf	ained in the amen	<u>ament itsell:</u>	
N/A	, , , , , , , , , , , , , , , , , , ,				
					
			.=		
					 -

	January 201	
The date of each amendment(s) adoption:date this document was signed.	January (1331	o, if other than the
Effective date <u>if applicable</u> : (no mor	January 1, 201	8
(
Note: If the date inserted in this block does not meet t document's effective date on the Department of State's re		s date will not be listed as the
Adoption of Amendment(s) (CHECK ON	<u>(E</u>)	
☐ The amendment(s) was/were adopted by the sharehold by the shareholders was/were sufficient for approval.	ers. The number of votes east for the amendme	ent(s)
☐ The amendment(s) was/were approved by the shareho must be separately provided for each voting group en		lement
"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 action was not required.	lirectors without shareholder action and shareh	older
☐ The amendment(s) was/were adopted by the incorpora action was not required.	tors without shareholder action and shareholder	r
Dated		
Signature Morthew N.	ther officer – if directors or officers have not be	
selected, by an incorporator appointed fiduciary by that f	 if in the hands of a receiver, trustee, or other (iduciary) 	court
MATTYCH N (Typed or	printed name of person signing)	
	(Title of a second similar)	
	(Title of person signing)	