## P09000087508

(Red	questor's Name)	
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SECRETARY OF STATE OF ORPORATIONS

OCT 25 2016 C NICNAIR

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CALIFORNIA FO	ODS, CORP
DOCUMENT NUMBER: P09000087508	
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	tter to the following:
FREDY AGUILAR	
	Name of Contact Person
CALIFORNIA FOODS, COI	RP `
	Firm/ Company
15818 SW 97 TERRACE	, ,
	Address
MIAMI, FL 33196	
<del></del>	City/ State and Zip Code
calfoodcorp@gmail.com	
	sed for future annual report notification)
E-man address. (to be us	sed for future distinual report notifications
For further information concerning this matter, pleas	se call:
FREDY AGUILAR	at (786 ) 728 6088
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
\$35 Filing Fee \$\times \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ON TENOR OF CONFORMATIONS
ON THE DET 24 AM 9: 49

## **Articles of Amendment** Articles of Incorporation of

						C(	

CAEII ORIGIA I OODS, CORI		¥ ₩
(Name of Corporation	as currently filed with the Florida Dept, of State)	7
P09000087508		، حرب ق
(Docume	nt Number of Corporation (if known)	74.9
·	Statutes, this Florida Profit Corporation adopts the following a	
A. If amending name, enter the new name of the cor	poration:	
N/A	7	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered," "professional association," or the a	"corporation," "company," or "incorporated" or the abb "Inc," or "Co". A professional corporation name must co	reviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDE	RESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	)	
D. If amending the registered agent and/or registere new registered agent and/or the new registered o		
Name of New Registered Agent		
	•	
	(Florida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Co	de)
	am familiar with and accept the obligations of the position.	
Signal	ture 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) X Change	P	FREDY AGUILAR	15818 SW 97 TERRACE
Add			MIAMI, FL 33196
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add	<del></del>	<del>-</del>	<del></del>
Remove			
5) Change			
Add			
Remove			
6) Change			•
Add		<del>-</del>	
Remove			

(Attach ac	ling or adding addi dditional sheets, if n	iecessary). (Be	specific)				
					<del>,</del>		
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provisio	endment provides tons for implementing to the applicable, indicate the applicable applicable, indicate the applicable applic	ng the amendme	<u>reclassification</u>	on, or cancellati	ion of issued sh ndment itself:	ares,	
	<u> </u>						

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :  (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wi document's effective date on the Department of State's records.	ll not be listed as the
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.	
10/03/2016 Dated	
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)	
FREDY AGUILAR	
(Typed or printed name of person signing)	**************************************
PRESIDENT	
(Title of person signing)	

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