P09000097151

Office Use Only



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SCORETARY OF STATE

Amend

NOV 1 4 2012 T. BROWN

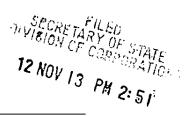
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: WOW SPE	CIALTY BEEF (CORP.
DOCUMENT NUMBI	ER: P0900009715	1	
	f Amendment and fee are su		
Please return all corresp	ondence concerning this ma	tter to the following:	
<u>'</u>	Walter Infante		
,	Wow Specialty B	Name of Contact Person eef Corp.	1
-	10040 NIM 120th	Firm/ Company	
_	10840 NW 138th	<u> </u>	· · · · · · · · · · · · · · · · · · ·
		Address	
	Hialeah Gardens	, FL 33018	
-		City/ State and Zip Code	e
info	@wowbeef.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Walter Infante		at (954	937-2482
Name 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		Street	Address
	ion of Companions	Amendment Section	
Division of Corporations P.O. Box 6327			on of Corporations Building
	hassee, FL 32314		Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



WOW SPECIALTY BEEF CORP

TOTT OF EON LETT BEE	· <u>/</u>		-
	currently filed with the Flo	rida Dept. of State)	
P09000097151	nt Number of Corporation (if k	moun)	-
(Documer	it Number of Corporation (if k	(nown)	
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, this <i>Fl</i>	orida Profit Corporation adopts the followin	g amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
None			_The new
	ation "Corp," "Inc," or "Co	" "company," or "incorporated" or the a o". A professional corporation name must A."	
3. Enter new principal office address, Principal office address MUST BE A S		Same as registered	-
- "	•		-
			-
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of		Same as registered	_
	•		
			-
D. If amending the registered agent an		ss in Florida, enter the name of the	-
new registered agent and/or the nev			
Name of New Registered Agent Walter Infante			
	5201 Blue Lagoo	<u> </u>	
	(Florida stree	•	
New Registered Office Address:	Miami (City)	, Florida 33126 (Zip Code)	-
	(Cuy)	(z.p Code)	
New Registered Agent's Signature, if c		at and account to a title at the affice of the accident	
nereby accept the appointment as regist	erea ageni. I am jamiliar wil	th and accept the obligations of the position.	
Si	gnature of New Registered Ag	ent, 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> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	P, D	Rita De Vecchis	11208 NW 73RD STREET
Add			DORAL FL 33178
Remove			
2) X Change	VP,S, D	Felice D'Amore	11208 NW 73RD STREET
Add			DORAL FL 33178
Remove			
3) Change	T, D	Federica Cocciolone	11208 NW 73RD STREET
X Add			DORAL FL 33178
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)
 one	
· · · · · · · · · · · · · · · · · · ·	
	·
	
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	

The date of each amendment(s) a	doption:
Effective date if applicable:	11/7/12
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement 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)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
action was not required.	spred by the meorporators without shareholder action and shareholder
Dated	11/07/2012 Samone
Signature	lirector, president or other officer – if directors or officers have not been
selecte	the diduction by that fiduciary)
	Telice D' Amore (Typed or printed name of person signing)
	,
	Vice President
	(Title of person signing)