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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Veritas Marketing	& Distribution, Corp.			
DOCUMENT NUM	P11000031807				
The enclosed Article	es of Amendment and fee are su	bmitted for filing.			
Please return all cor	respondence concerning this ma	tter to the following:			
	Ben M Neji				
		Name of Contact Person	n		
	Veritas Marketing & Distribution, Corp.				
		Firm/ Company			
	780 Palm Bay Lane Suite 1610				
		Address			
	Miami, FL 33138				
		City/ State and Zip Cod	e		
bei	n.neji@veritaswinemiami.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informati	ion concerning this matter, pleas	205	636-5454		
Nam	e of Contact Person	at (at (de & Daytime Telephone Number		
	for the following amount made		·		
□ \$35 Filing Fee	S43.75 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)		
Ar Di P.	mendment Section vision of Corporations O. Box 6327 Illahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301		

36 157 NG - PS TO 1 61 1 PS

Articles of Amendment to Articles of Incorporation of

Veritas Marketing & Distribution, Com-

(Name of Corporation as currently	filed with the Florida Dept. of State)
P11000031807	,
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	19 DET 28
D. If amending the registered agent and/or registered office addressive new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	t address)
New Registered Office 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 wi	th and accept the obligations of the position.
Signature of New Reg	gistered 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.

Frample:

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	v	Alexis Talavera	31 SE 5 Street #3002
Add			Miami, FL 33131
X Remove			
2) Change	P	Ben M Neji	780 NE 69 Street #1610
x Add			Miami, FL 33138
Remove			
3) Change	V	Ina Neubert	780 NE 69 Street #1610
Add			Miami, Fl. 33138
x Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

	(Be specific)
 	
	
	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nange, reclassification, or cancellation of Issued shares, and and an in the amendment Itself:
provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis of the amendment itself:
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an angellation of issued shares, and angellation of issued shar

The date of each amendmen	8/1/2019	, if other than the
date this document was signed		, if other than the
date this document was signed	8/1/2019	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this he Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendme ere sufficient for approval.	ent(s)
	re approved by the shareholders through voting groups. The following stated for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	re adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
action was not required.		
	2019	
Dated		
Signature	THE STATE OF THE S	
	ly adjector president or other officer - if directors or officers have not be	
	lected, by an incorporator - if in the hands of a receiver, trustee, or other c	lourt
- Ta	opointed fiduciary by that fiduciary)	
	Ben M Neji	
	(Typed of printed name of person signing)	
	President	
	(Title of person signing)	