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AUG 0 8 2018 T. LETMEUX



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: M&S FOOD INC		
DOCUMENT NUMBER: CC9177114006 PII - 78608			
	of Amendment and the are su	ebmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	MOHAMMED HARUN		
		Name of Contact Perso	n
	4454 DETERO DOAD	Firm/ Company	
	4451 PETERS ROAD		
	PLANTATION FL 33317	Address	
		City/ State and Zip Cod	c
ZIAC	HOWDHURY84@YAHOO	.СОМ	
	E-mail address: (to be u	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
ZIAUR CHOWDHUI	₹Y	at (203	5586883
Name (of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount anade	payable to the Florida Depa	artment of State:
S35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	DS43.75 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		Street Address Amendment Section Division of Corporationa Clifton Building 266! Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment

to
Articles of Inc.

of Corporation as	currently filed with	the Florida Dept.
M+S	Foods	Inc
Artic	ies of incorporation	

ent(s) to

		10
(<u>Name</u>	of Corporation as currently filed with the Flori	da Dept. of State)
	AHOOOOJSCOS	
	(Document Number of Corporation (if know	m)
		,
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this <i>Florida Profit Corpor</i>	ration adopts the following amendme
A. If amending name, enter the new n	ame of the corporation:	
		The new
	ntain the word "corporation," "company," or 'nation "Corp," "Inc," or "Co". A professional ation." or the abbreviation "P.A."	"incorporated" or the abbreviation
B. Enter new principal office address,	if applicable:	
(Principal office address MUST BE A.S		
C. Enter new mailing address, if appl	licable:	
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)	
	nd/or registered office address in Florida, enter	the name of the
new registered agent and/or the ne		
Name of New Registered Agent	ZIAUR R CHOWDHURY	
	4961 N HEMINGWAY CR	
	(Florida street address)	
New Registered Office Address:	MARGATE	. Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if of	thanging Registered Agent: tered agent. I am familiar with and accept the ob-	lin stone Alberton
т тегену ассергте арронители из гедіз	истеа адет. Э ат затины мин ина иссерите от	ngunons of the postern.
	~ /·	
	fie se	G +
	Signature of New Registered Agent, if cho	
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		基語 🖼

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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	SD	RASHEL AL KARIM	5520 SW 38TH CT
Add			DAVIE FL 33314
X Remove			
2) Change	Р	MOHAMMED HARUN	4451 PERTRS RD
Add			PLANTATION FL 33317
X Remove			
3) Change	P	ZIAUR R CHOWDHURY	4961 N HEMINGWAY CR
X Add			MARGATE FL 33063
Remove			· · · · · · · · · · · · · · · · · · ·
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

• • • • • • • • • • • • • • • • • • • •	icles, enter change(s) hore: (Be specific)		
	-		
		, , , .	
			<u> </u>
If an amendment provides for an exc provisions for implementing the am	nange, reclassification, or cance	llation of issued shares,	
(if not applicable, indicate N/A)	indirected in the same of the	antifulient resent	

	07/29/2018	
The date of each amendment	s) adoption:	, if other than the
late this document was signed.		
540 - 1 - 12 - 15 - 15 - 15 - 15 - 15 - 15	07/29/2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file	e date)
	his block does not meet the applicable statutory filing require Department of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes east for the sufficient for approval.	ne amendment(s)
	e approved by the shareholders through voting groups. The for d for each voting group entitled to vote separately on the ame	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action	and shareholder
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and	shareholder
07/29 Dated	2018	
Signature	12 Ben	
	y a director, president or other officer - if directors or officers	
	lected, by an incorporator – if in the hands of a receiver, truste	ee, or other court
ar	pointed fiduciary by that fiduciary)	
	KAZI ROBIN	
	(Typed or printed name of person signing)	<u></u>
	TD	
	(Title of person signing)	